

## Research Report DFE-RR148

# Raising the bar? Evaluation of the Social Pedagogy Pilot Programme in residential children's homes

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This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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# 1. Introduction

## Background

Over the past decade government has given much attention to children and young people experiencing family breakdown and being looked after by local authorities (sometimes termed 'children in care'). It is known that this group is at risk of social exclusion with poor outcomes in later life including poverty, unemployment, homelessness and offending (Social Exclusion Unit, 2006). Wider policies would be expected to assist this group and their families, including efforts to lift children out of poverty and the substantial investment in *Sure Start* (Melhuish and the NESS Research Team, 2008). More targeted initiatives have also occurred to strengthen children's social services such as *Quality Protects*, which included improving adoption services; strengthening services for care leavers; ensuring placement stability; and improving the education of looked after children and seeking to narrow the attainment gap, thereby enhancing the prospects for social mobility, better parenting of future generations and more responsible citizenship (Department of Health, 1998).

Of the placement options for children living away from home, foster care has developed markedly over the past decade. There has been greater attention to foster care policy and practice, it has become more professionalised, research interest has grown and numbers accommodated at any one time have increased by a quarter (Department for Education, 2010a; Department of Health, 2000; Berridge, 1997). Indeed, foster care is now the cornerstone of placements for children living away from home. Residential care for children, in contrast, is generally perceived as a second-best option and placements have levelled off at around ten per cent of the total (Department for Education, 2010a). The relative standing of foster and residential care has been reversed in barely 30 years (Cliffe with Berridge, 1991).

There are several explanations for the negative perception of children's residential care. Residential care in England has a long history of punitive separation of children from the poorest families and it was only after the second world war that we finally broke free from the workhouse (Report of the Care of Children Committee, 1946). The argument about whether or not residential workers need to be professionally trained goes back to the same period and has never been satisfactorily resolved. This legacy casts a long shadow and residential children's homes in England continue to be stigmatised and to be used only by certain social groups; more affluent families would seek other solutions. There has been an anti-institutional movement since the 1960s (Goffman, 1961). Residential staff have often been

more reactive than proactive in responding to children's problems rather than creating solutions (Colton, 1988; Berridge and Brodie, 1998). Outcomes of services have been perceived as particularly poor and residential units seen as difficult to manage and unpopular in many local communities (Department of Health, 1998). Revelations about physical and sexual abuse in residential units going back decades have hastened their decline (Utting, 1991, 1997).

Large-scale research into residential children's homes reported some disconcerting findings (Sinclair and Gibbs, 1998). Standards were very uneven. Four in every ten residents with no previous criminal record achieved one if they stayed for six months. A third of residents said they had considered killing themselves at some stage during the previous month; nearly half of whom were confirmed by their social workers as having self-harmed or attempted suicide. Whatever benefits accrued during residence did not persist on departure and follow-up outcomes were not encouraging.

More recent research as part of the *Quality Protects* research initiative with the then DCSF came up with detailed findings about how individual residential homes functioned (Berridge *et al.*, 2008; Stein, 2009). This comparative study of 'difficult adolescents' living in foster homes, children's homes and residential special schools found that, of the three groups, children's homes' residents had by far the most troubled histories and a greater combination of adversities, which need to be taken into account in understanding their adjustment and behaviour. It was also very expensive (approximately £120,000 per annum per place on average). However, there were a number of positive results. For example, most young people were complimentary about the residential care they received, generally felt safe where they were living and said that there was an adult who would stand up for them. Researchers' measure of the 'quality of care' offered was also assessed as positive. Residents mostly showed improvement across general measures of behavioural, emotional and social difficulties as well as education.

These results suggest that children's residential care might have the potential to make a more positive contribution if delivered on a different model with higher professional status. Young people with the greatest difficulties should be offered a high quality, professional service – as in some other countries – not second-best. This is also a sensible, long-term investment for the State. Lack of resources *per se* has not been the main problem. We know that residential care is required for some young people in specific circumstances: particularly for difficult teenagers and when fostering fails. There are shortages of foster carers in many parts of the country. Residence is used quite commonly for adolescents but

not for long. It is also still widely used for 'short-breaks' for disabled children and their families (Berridge and Brodie, 1998).

Of the factors that appear to be associated with success, two contrasting yet complementary studies came up with quite similar results (Sinclair and Gibbs, 1998; Berridge and Brodie, 1998). More effective homes tend to be small so problems in managing the group and peer dynamics do not dominate (see also Barter *et al.*, 2004). Importantly, homes offering a high quality of care tend to have effective leadership and demonstrate a coherent theoretical approach and staff consensus. Hicks *et al.* (2009) found that enhanced well-being in young people was related to better management strategies concerning education and behaviour. In addition, a systematic review of international research on working with challenging behaviour in residential child care concluded that:

*Staff should demonstrate a clear commitment to young people, be accepting and demonstrate a warm, caring attitude. They should develop relationships of trust and respect, listening to young people and taking their problems and views seriously.*

(Kilpatrick *et al.*, 2008: 27)

It could be argued that such an approach, in which staff-resident relationships are central, is very consistent with the 'reflexive-therapeutic' approach which is uppermost in children's services in some other European countries (Petrie *et al.*, 2006: Chapter 9). The term 'therapeutic' has virtually disappeared from mainstream children's residential services in England (Berridge and Brodie, 1998). Moreover, the central value of *relationships* in social work has also been diminished (Parton, 2006), although research has shown that may be a key factor in successful interventions with young people. Significantly, the Children, Schools and Families Select Committee (2009) report on looked after children argued for the need for relationships to be placed at the heart of the care system. Therapeutic relationships are also an essential component of the growing interest in emotional intelligence (EI) and its relevance for social work (for example Morrison, 2006).

## **Social pedagogy**

Given the considerable challenges we face in responding to the problems of abused, neglected and highly disadvantaged young people living away from home in public care, we should responsibly test out and carefully evaluate new approaches. There is comparatively little 'R&D' in social work and children's services compared with, say, health and other areas of the economy (JUC SWEC, 2006). An established, coherent, higher status, professional

approach to children's services is evident in several other European countries in the form of pedagogy/social pedagogy.

This final report<sup>1</sup> concerns an 18-month, Department for Education (DfE)-funded evaluation of the Social Pedagogy Pilot programme in residential children's homes in England. The study was a collaboration between researchers at the Universities of Bristol and York. It entailed detailed investigation of a sample of 30 residential children's homes distributed across England. Further details are provided later.

'Social pedagogy' is a complex term to comprehend for UK audiences, having its roots in continental European countries, their cultures and their welfare regimes. Social pedagogy can be traced back to the ideas of the educational philosophers Rousseau, Pestalozzi and Fröbel. It has developed as a profession in diverse and distinctive ways throughout Europe (Kornbeck and Rosendal Jensen, 2009). Furthermore, there is considerable variation across national boundaries about the role, its clients and the settings for social pedagogy work (Sünker and Braches-Chyrek, 2009). In Germany, the history of social pedagogy is inextricably linked to the development of social work and there is some debate about the boundaries between the two professions (Kornbeck, 2009; Sünker and Braches-Chyrek, 2009).

Hämäläinen (2003) succinctly describes social pedagogy:

*Social pedagogy concentrates on questions of the integration of the individual in society; both in theory and in practice. It aims to alleviate social exclusion. It deals with the processes of human growth that tie people to the systems, institutions and communities that are important to their well-being and life management. The basic idea of social pedagogy is to promote people's social functioning, inclusion, participation, social identity and social competence as members of society. Its particular terms of reference apply to the problems people have in integration and life management in different phases of the life-span. ... Pedagogical strategies and programmes are based on an educational approach ... in terms of personal development, construction of identity and human growth.*

(p.76)

The most recent, comprehensive, comparative research of residential care in England and other European countries is that of Petrie and colleagues (2006). Petrie *et al.* describe pedagogy as 'education in its broadest sense' and "bringing up" children in a way that addresses the whole child' (p.20). It relates to social work, childcare and education – care

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<sup>1</sup> This publication includes findings from an interim report submitted to DfE in June 2010.

and education are therefore undifferentiated. The term 'social education' is often used (or 'education for sociality') and the holistic nature of social pedagogy is emphasised (Petrie *et al.*, 2009; Smith, 2009). Though developed differently across countries, the art of the pedagogue (from Pestalozzi) is said to involve the whole person – head, hands and heart. Relationships between staff and children are central and physical contact may be used for reassurance. Pedagogues undertake domestic tasks in developing a comfortable living environment. Activities with children are important, including developing practical and creative skills (see also Cameron, 2004). Unlike residential care in England, social pedagogues can have a strong common professional identity.

Based on their fieldwork in Belgium (Flanders), Denmark, France, Germany and the Netherlands, Petrie *et al.* identify the key principles of a pedagogic approach. These are briefly summarised below:

- focus on the child as a whole person;
- the practitioner sees her-/himself as a person and uses their individual attributes and skills in the relationship with the child;
- children and staff occupy the same life-space, not separate hierarchical domains;
- pedagogues adopt a reflexive approach to their practice and apply theoretical understanding and self-knowledge to their relationships;
- practical skills are important and pedagogues become involved in children's daily lives and activities;
- the group is a useful resource;
- there is a genuine interest in children's rights beyond narrow legal and procedural requirements;
- team work is important with parents, other professionals and the local community;
- the relationship is central, together with the importance of listening and communicating (p.22).

Petrie's research highlights the link between social pedagogy and the social context in which it has emerged. Stephens (2009), writing about social pedagogy in Norway, emphasises the same point. European countries have different welfare regimes with contrasting approaches towards equality, income distribution, universal services, the status of children's professionals, and the respective roles of the State and the market. The level of 'stigma' varies. Lorenz (2008), who has played a significant role in developing European social work and social pedagogy, emphasises the link between social pedagogy and social policy and

argues that in the UK to date, this link has been under-theorised. He develops this argument by considering the emergence and role of social pedagogy in Germany (see also Kornbeck, 2002; Sünker and Braches-Chyrek, 2009). Researchers have emphasised that social pedagogy is not a set of methods or a profession but a *perspective* (Coussée *et al.*, 2008): therefore, it is not simply a set of techniques that can be learned. There is different emphasis in social work theories across Europe ranging from the individualist, collectivist and 'reflexive-therapeutic' (Payne, 2005). UK approaches historically have been more 'individualistic'.

There is a large policy studies literature on the field of 'policy transfer', analysing the growing tendency for policy makers to attempt to transfer social policies from one political setting to another. The field differentiates between what is transferred; from where; degrees of transfer; and with what degree of policy success or failure (Dolowitz and Marsh, 2000). Interestingly, though, Smith and Whyte (2008) have argued that social pedagogy could be more consistent with Scottish traditions of social education. Scotland does not share the same residential tradition as England and the context of services is different, including approaches to delinquency. The paradigm in Scotland differs from the Anglo-American tradition. These authors conclude that:

*... the value base implicit in socio-educational and social pedagogic approaches is consonant with social workers' concerns over social justice and social change and with seeking solutions to social problems within normative conceptions of learning or 'upbringing', rather than a focus on deficits and pathology.*

(p.14)

Kornbeck (2002) highlights the diversity of social pedagogy in Europe and its close relationship with social work on the one hand and community development, community education and learning on the other. Education can be seen as leading to personal and social liberation. In a critical look at measures to develop social pedagogy in the UK, Kornbeck highlights the challenge of capturing and describing the nature of social pedagogy for a UK audience. Furthermore, looking at the different training and qualifications available for social pedagogy across the continent, it might be difficult to define an appropriate role and level for social pedagogy in the UK. Above all, Kornbeck, like others, highlights the development of professions as situated within a cultural context. He stresses that:

*Social professions in Europe are not purely rational creations which can be remodelled according to a plan based on technicalities. They emerge as profoundly historical entities that do not follow a universal logic or principle.*

(p.42)



Exploring the cultural aspects of the development of social pedagogy in Germany, Kornbeck highlights the profession's links to the way that education is viewed there. In Germany, the State is seen to have a legitimate role in socialisation alongside the family, and 'education' takes on a broader meaning as 'upbringing' in addition to its narrower meaning of 'instruction'. Kornbeck concludes that UK traditions differ; therefore the social pedagogic approach needs to be transformed and adapted to be successful in the UK context (see also Hämäläinen, 2003).

Petrie and Cameron (2009) acknowledge that social pedagogy has to some extent been 'lost in translation' for English-speaking audiences. However, they strongly assert that there are UK examples of comparable approaches to the care and education of children. Historically, they look at the work of the philanthropist Thomas Coram and the socialist Robert Owen, highlighting their aim to use education as a tool for social change. In recent years, the use of the social pedagogic approach has been considered in foster care (Petrie, 2007), youth work (Paget *et al.*, 2007), children with special needs (Jackson, 2006) and in the children's workforce in general, including training (Petrie, 2001; Cameron and Petrie, 2007).

Concerning looked after children specifically, there can be unique features of care systems that are relevant to services and the possible implementation of social pedagogy. Thoburn's (2007) comparative study of child welfare services across 16 countries has shown that England is characterised by relatively small numbers of looked after children: these high thresholds are likely to lead to this concentrated core having very acute problems (which may partly explain comparatively poor outcomes). In comparison with England, Denmark and France have double the rate of children in public care and Germany has a third more (Chapter 2). The juvenile justice system is also separate in England. Unlike some other countries, very young children in England are often adopted rather than growing-up in the care system. England also has large numbers of teenage entrants who pose difficult behaviour. This challenging core of older children, many of whom end-up in residential settings, has implications for the services required.

Petrie *et al.* (2006) reveal other important differences between wider European and English residential care. Comparisons can be complex depending on how exactly definitions are made. However, residence is more extensively used in most European countries than here: it is the majority service in Flanders, Denmark and Germany but, as shown earlier, used by a tiny minority of the looked after population (10 per cent) in England. Residential work elsewhere is higher status with requirements for higher level professional qualifications. Focusing more specifically on Denmark, Germany and England, English residential homes

studied tended to be noticeably smaller and to accommodate older children. Length of stay in England is shorter with residential care seen more as a last resort rather than a positive therapeutic intervention. More Danish (half) and German (one in four) facilities offered education on site than in England (one in five).

Another interesting difference in Petrie's research between residential care in England, Denmark and Germany was the finding that, in response to being presented with some hypothetical case vignettes, English staff were more likely to seek external help or refer to an external agency which, in contrast to pedagogues, could be perceived as being less child-centred. Indeed, previous research has concluded that residential care for adolescents is often seen essentially as a base from which other support services can be accessed (Berridge and Brodie, 1998). It will be interesting to consider the extent to which this reflects limitations in knowledge and skills among practitioners; whether it is perceived as undesirable or uncaring by residents; and to what extent this approach has been shaped by local and national emphasis on greater interprofessional working in children's services, reflected in *Every Child Matters* (Department for Education and Skills, 2004).

There is little research literature in the English language evaluating social pedagogy/residential care in continental Europe. One exception is Egelund and Vitus (2009), who investigated adolescent placement breakdowns in Denmark. Most teenage placements in Denmark are in residential care and their study included 62 young people placed in 'socio-pedagogical homes' described as small (4-8 residents), privately owned, highly professionalised units. There were an additional 80 adolescents living in larger, public residential settings. Placement breakdown rates for teenagers in Denmark were said to be 'high' and potentially harmful, with a third of the group having experienced disruptions (p.55). Breakdown rates were reported to be similar across placement types.

Findings from several UK studies have contributed to the knowledge-base about introducing social pedagogy here. There have been two evaluations of small-scale programmes to introduce social pedagogy into the UK. An evaluation of a five-month training programme for Sycamore Services staff revealed that the training was highly rated by staff and considered to be useful and relevant (Milligan, 2009). Secondly, an evaluation by Bengtsson *et al.* (2008) of a programme to introduce social pedagogy in England in nine residential children's homes found that, by the end of the project, participants' knowledge about social pedagogy had increased and many participants reported being able to use aspects of social pedagogy in their everyday practice. Nonetheless, participants identified a number of barriers to

implementing social pedagogy in the UK, including the way that residential care is perceived in England and restrictions to practice due to risk assessments and regulations.

Neither of these UK studies was able to provide objective measures of changes in practice and outcomes. Research by Cameron (2006) considered the experiences of Danish social pedagogy students on six-month placements in England. The students worked alongside staff and fitted in but were also able to challenge practice. However, the extent to which staff learned about social pedagogy concepts was limited, suggesting that having social pedagogy students on placement is insufficient for wider learning about social pedagogy. The interest in introducing social pedagogy to England appears to be growing and, in addition to the current DfE Pilot, Essex County Council has embarked on a three-year programme to implement social pedagogy across all the county's residential children's homes. However, a recent debate in *Community Care* magazine (Boddy and Statham, 2010; Petrie, 2010; Konieczny, 2010) revealed that not everyone may welcome the introduction of social pedagogy.

Looking at children's services in general, a range of policy statements have highlighted a need to dismantle traditional boundaries between children's education and social care in order to provide holistic services which are more able to meet the needs of children (for example Department for Education and Skills, 2007; Department for Children Schools and Families, 2008). (However, at the time of writing we await the new coalition government's views on this subject.) Various initiatives have been put in place to this end and the development of the social pedagogue role – as a professional combining knowledge and skills both in education and care – could support progress toward the ideal of more integrated children's services (Petrie, 2001). Indeed, psychologists and social pedagogues are routinely employed alongside social workers in countries such as Germany, France and Denmark (Boddy *et al.*, 2009a; Boddy and Statham, 2009) and social pedagogy is the predominant profession for direct work with children and families in several European countries (Boddy *et al.*, 2009b).

Many have argued over the years for a residential service in the UK that has higher professional status; a better trained and qualified workforce; is less stigmatising; is founded on the basis of warm, caring, professional relationships; is more integrated with local communities; and works with a broader group of young people for whom it can be seen, where appropriate, as a placement of first choice (Berridge, 1985). The key elements of social pedagogy are not dissimilar to the practices of some therapeutic communities (Little, 1995) and the theoretical orientation of some of the key standard texts on residential child

care (for example Beedell, 1970; Dockar-Drysdale, 1968; Kahan, 1994). However, residential services in the past have been criticised as too insular and inward-looking, and young people have found adjustment difficult on departure (Little, 1995). They also have given insufficient priority to education, which has been a central plank of government policy in its approach to looked after children (Berridge *et al.*, 2009).

## **The Social Pedagogy Pilot Programme**

In *Care Matters: Time for Change* (2007) the Government outlined a commitment to fund a pilot programme for the introduction of social pedagogy into English children's residential homes. Building on previous work evaluating training in the pedagogic approach, programme coordinators at the Thomas Coram Research Unit (TCRU) aimed to test social pedagogy in the English context. The DCSF provided funding to recruit trained pedagogues from Denmark, Germany, Flanders and Belgium. The programme was funded for two years from 2009-11 with 30 homes recruited in four study groups to compare different methods of implementation. Group 1 homes (4) are sites where social pedagogues (SPs) had been working prior to the Pilot; and Group 2 homes (8) recruited SPs who were to be employed to work in a single home. In Group 3 homes (6), SPs were employed to work part-time in a home and to take on a consultancy role within the area to increase awareness of social pedagogy amongst the local children's workforce. The Pilot also includes 12 comparison homes (Group 4), which can be tracked alongside the homes that are introducing social pedagogy.

Funding from the overall Pilot budget was provided to reimburse a third of the salaries of Group 3 SPs to recognise their wider roles. TCRU coordinated a week-long induction for SPs, including an introduction to children's services in England and refresher language training. An ongoing programme of training and support for managers and SPs was provided by two TCRU project workers, who were qualified social pedagogues from Germany with experience of working in England and by other team members. There were three to six monthly review meetings at Pilot homes, supplemented by individual meetings and telephone back-up. Other supports included a web platform; additional training for staff of children's homes; regional workshops and training opportunities for Pilot staff; regional meetings for managers; and regular networking events for the social pedagogues to share experiences (see Cameron *et al.*, 2010).

## **Objectives of the evaluation**

The overall aim of the research set out by the DfE is to evaluate the implementation and impact of the social pedagogy pilot programme; and to consider whether a social pedagogic approach would be likely to have a positive effect within the context of English residential children's homes. More specifically, the evaluation seeks to:

- describe and compare the relative effectiveness of three different methods of implementing social pedagogy;
- compare the quality of care and outcomes for children and young people placed in homes served by social pedagogues with those for children in comparison homes which do not;
- investigate the factors that maximise the likelihood of successful adoption of a pedagogic approach and lessons learned during the course of the pilot programme;
- explore children's, social pedagogues' and staff views on their experience of living and working in homes which employ social pedagogues.

Having sketched the background, this report is now organised as follows. Chapter 2 outlines the research design and methods we adopted to evaluate the social pedagogy Pilot.

Chapter 3 summarises the sample of 30 residential homes, staff and SPs working in them; and Chapter 4 describes the homes' residents. Interviews with external, senior managers are discussed next in Chapter 5. The social pedagogues working in the homes are the focus of Chapter 6. In Chapter 7 we analyse interviews with heads of homes. Chapters 8, 9 and 10 summarise interviews with staff, young people and social workers. Chapter 11 outlines the results of our periods of observation spent in some of the homes. We then consider in Chapters 12 and 13 individual and aggregate outcomes for young people. Finally, in Chapter 14 we draw out the main conclusions from our evaluation.

## 2. Methods

### Research design

The evaluation had two components: a process evaluation and an outcome evaluation. A comparative design was used for both components to compare the four groups of homes:

- *Group 1*: homes that already employed SPs prior to the introduction of the Pilot programme (4 homes);
- *Group 2*: homes to which SPs were employed to fill vacancies during the course of the Pilot (8 homes);
- *Group 3*: homes to which SPs were linked in a consultancy and local networking capacity during the course of the Pilot (6 homes);
- *Group 4*: comparison homes which did not employ SPs (12 homes).

Some data for the process evaluation and all data for the outcome evaluation were collected from the *Total Sample* of 30 homes. In addition, the process evaluation focused in greater depth on an *Intensive Sample of 12 homes*, which included nine homes employing SPs and three comparison homes which did not.

The outcome evaluation had a comparative, longitudinal design, comparing the progress of young people in the four groups of homes in the *Total Sample*. There were two elements to this. Following initial preparatory visits, we used a survey completed by residential staff to compare the backgrounds and histories of the young people in the four groups of homes and the outcomes for this sample an average of seven-months later. The length of follow up for the survey was determined by the 18-month time-frame available for the evaluation. We also compared aggregate data from the homes covering an 18-month period that began six months before the arrival of the SPs in the homes, to compare patterns for young people in the four groups on a range of key outcomes.

### Research questions

The core aims and objectives of the study have been set out at the end of the preceding chapter. The aim of the process evaluation was to investigate issues arising and lessons learned from the implementation of a social pedagogic approach in English children's homes. It explored a number of key issues identified by DCSF, including the following.

- To what extent is the social pedagogic approach developed through the Pilot?
- Do any elements of pedagogic practice already exist within current practices in homes which do not employ social pedagogues?

- 
- Does the nature of social pedagogic practice differ *between* homes taking part in the social pedagogy pilot?
  - Have any homes benefited from any extra capacity or resource as a result of participating in the pilot programme?
  - Do any particular issues arise from the overseas recruitment of social pedagogues into homes that have no history of pedagogy?
  - How do homes employing social pedagogues fit within wider provision for looked after children?
  - What kinds of support should be put in place for pedagogues starting in homes that have no history of pedagogy?
  - To what extent is the social pedagogic framework understood among existing staff in homes?
  - What are the variables that influence the willingness and ability of staff to adopt a social pedagogic approach?
  - What are the backgrounds of the pedagogues and what are their experiences of working in English residential homes?
  - How effective is a social pedagogical approach in managing anti-social behaviour in residential homes and maintaining order, including curbing peer violence?
  - Does social pedagogy encourage inter-professional working, for example with schools and other educational professionals?
  - Does social pedagogy promote children's educational experiences and attainments?
  - How do young people view the experience of living in homes which employ social pedagogues?

Clearly this is an ambitious list but our research was designed to shed light on this range of issues as much as possible.

The aim of the outcome component of the evaluation was to compare outcomes for children placed in homes served by SPs with those for children in comparison homes which do not.

### **Sampling**

The homes employing SPs (Groups 1-3) were all identified by TCRU, who also provided a list of homes that might be included in the comparison group. We selected a group of 12 comparison homes (Group 4) that included a similar mix of homes to those in Groups 1-3 in terms of the size and function of the homes. Research has shown that there may be considerable local variation in relation to a range of service outcomes (Sinclair *et al.*, 2007).

We therefore aimed to select the comparison homes in Group 4 from the same local authorities and agencies as the 18 homes participating in the Pilot programme, in order to reduce the likelihood that our findings are confounded by variations in the local policy and resource contexts. We were able to identify nine homes in the same local areas or provided by the same private or voluntary sector agencies as those which employed SPs. However, it was not possible to identify a sufficient number of homes from these agencies which met our selection criteria for the comparison group. We therefore included three others, which were provided by two other local authorities and a private sector agency.

Details of the homes included in the study are reported in Chapter 3. Three of the homes (one in Group 1 and two in Group 4) were short-breaks/education units for disabled children and their families.

### ***The intensive sample (n=12 homes)***

A purposive sample of 12 children's homes was selected for *intensive study* during the process evaluation. This comprised three homes each from Groups 1-4. To ensure that the homes in the four groups were broadly comparable, our sampling took account of the size of home; function (short-/long-term etc.); the age and gender mix of the residents; provider (statutory/independent sector); and geographical location. Thus, each of the four groups included a similar mix of smaller and larger homes, statutory/independent sector provision, and so on. We also tried to standardise as best we could for the 'quality' of homes, so that homes in the four groups were not too dissimilar. Based on research evidence on the residential sector (Sinclair and Gibbs, 1998; Berridge and Brodie, 1998; Stein, 2009), we did this by asking local external managers of residential services whether homes (including comparison homes) were considered overall to be 'average'/'above average'/'below average' judged on three considerations: leadership, staff coherence and improved outcomes for children (Department of Health, 1998). We aimed for a similar mix in the quality of provision between the four groups when selecting homes for inclusion in our *Intensive Sample*.

One home in Group 1 differed from the others in the Intensive Sample in that it provided short breaks for disabled children and their families. As there was no equivalent among the three comparison homes in the *Intensive Sample*, a visit was made to one additional short-breaks home outside the *Intensive Sample*, which did not employ SPs, to provide some contextual material.



## Process evaluation

The process evaluation used telephone interviews and postal questionnaires to compare the intake, staffing, structure, size, purpose and ethos of all 30 homes in the *Total Sample*. We then used interviews and focus groups in an in-depth analysis of the 12 homes in the *Intensive Sample*.

### **Total sample**

#### *Telephone interviews with senior, external children's services managers (n=16)*

In order to obtain an overview of the homes participating in the study, telephone interviews were conducted with the 16 senior local authority managers, who had responsibility for residential sector provision in the agencies involved in the Pilot. These interviews were conducted at an early stage in the evaluation to help with selection of the *Intensive Sample*. They explored how the homes piloting social pedagogy fitted within the wider local provision for looked after children; any problems/lessons learned in implementing social pedagogy; key issues in the wider agency context of relevance to the Pilot programme; budgetary considerations; and their views as to whether they considered social pedagogy might be a helpful approach.

Four to nine months later, further telephone interviews were conducted with nine of these managers in relation to the homes in the *Intensive Sample*, to assess how the implementation of the Pilot had progressed over time and elicit their views as to the benefits or disadvantages of introducing social pedagogy.

#### *Survey of heads of children's homes (n=30)*

The 30 heads of homes were asked to complete a postal questionnaire which gathered basic details on the size, structure and function of the home; the number of staff; the number and age of children currently living in the home and the duration of their placements.

#### *Questionnaires to social pedagogues (n=35) and residential staff (n= 104)*

SPs from all three groups of homes were asked to complete a brief pre-coded questionnaire which requested details of their demographic characteristics, training and professional experience. Residential staff who completed survey questionnaires on young people for the outcome evaluation (see below) were asked to provide similar information about themselves.

#### *Exit interviews with social pedagogues (n=5)*

Telephone interviews were conducted with five SPs who left the homes earlier than anticipated, to explore the reasons why they left.

### ***Intensive Sample***

The 12 homes in the *Intensive Sample* were each visited for a period of observation during which face-to-face interviews were conducted with SPs and heads of homes, and focus groups/group interviews were conducted with young people and care staff. During the course of these observation visits, focus groups were also conducted with social workers in local teams responsible for young people in homes employing SPs.

#### *Observer participation in homes (n=12)*

Observation visits were made to all homes in the Intensive Sample. Researchers, acting as observer participants, visited the homes in pairs and joined in some of the homes' activities, including mealtimes and leisure activities. In some homes, when invited, we also acted as non-participant observers in team meetings. Visits to the social pedagogy homes lasted for three days and those to the comparison homes lasted for two days. These observation visits enabled the researchers to enter into the social world of staff and residents in order to describe and analyse as accurately as possible how the homes functioned (Gans, 1982; Marshall and Rossman, 1995). This ethnographic approach to observer participation has been used by one of the principal investigators in the evaluation in previous studies of residential care (e.g. Berridge and Brodie, 1998; Barter *et al.*, 2004). The observation work was carefully planned. Researchers sometimes alternated spending time in the home, to minimise the risk that they would dominate smaller homes and unduly influence the dynamics within them, although obviously their presence was likely to have some impact.

In the homes employing SPs, our principal interest lay in investigating the extent to which elements of a social pedagogical approach, as identified by Petrie and her colleagues (2006), was evident in the interactions of staff and young people and the general culture of the home. During observation visits to the comparison homes, researchers similarly observed the interactions of residents and staff and considered whether there were any marked differences between the day-to-day life of these homes and those employing SPs.

A *Residential Homes Observation Tool* was used for recording the visits, to help map the main dimensions of social behaviour in the homes. The *Observation Tool* served as a means of recording and organising fieldwork notes, including illustrative examples of important events, under key sections which could then be compared across homes during qualitative data analysis. Both researchers contributed to recording the visits, during and after the time they occurred, and agreed a final version. The *Observation Tool* was informed by our *Quality of Care Index* used in previous studies (e.g. Berridge *et al.*, 2008) and endorsed by the recent DCSF *Quality Matters* overview report (Stein, 2009). This highlights

key dimensions of effective group care for adolescents, including: care and control; stability and continuity; safety; family links; close relationship with at least one adult; ethnicity and culture; and friendships.

*Interviews with heads of homes (n=9)*

The heads of the nine homes in the *Intensive Sample* which employed SPs were interviewed during the course of our observation visits. These interviews explored their views on the role of the SPs within the home; how the practice of social pedagogy related to the existing ethos of the home; how it had developed within the home over time; how far the SPs had engaged other staff in pedagogic practice; the working relationships between SPs and other staff; whether, and how, the daily life of the home has changed since the SPs arrived; and the perceived impact of employing SPs on the young people.

*Interviews with social pedagogues (n=15)*

We interviewed 15 SPs working in the nine homes in Groups 1-3 in the *Intensive Sample*. The interviews explored how they viewed their role; how they had gone about building a social pedagogic approach in the home and how far they considered they had been successful in doing this; whether they felt that daily life of the home had changed at all since they arrived; and their views on the impact of their work on other residential staff and on the residents. We invited them to reflect on how far the local context lent itself to their way of working; how far they considered social pedagogy, as implemented in their local area, to be similar to social pedagogy in any institutions they have previously worked in; and the issues which arise from the overseas recruitment of SPs into homes that have no history of pedagogy. We asked SPs to tell us about their personal experiences of working in England, including any problems encountered and lessons learned, and asked for their views on the kinds of support that should be put in place for SPs starting in homes that are unfamiliar with social pedagogy.

*Focus groups with residential staff (n=9 homes)*

Focus groups (and occasional individual interviews) were conducted with residential staff in the nine homes in the *Intensive Sample* which employed SPs. These explored the extent to which the social pedagogic framework was understood among existing staff in the homes and the perceived value of any training in social pedagogy that they had received; their views as to how the SPs were trying to bring about a shift in practice within the home and whether/how practice had changed since the SPs arrived. We also asked for their views on how the young people in the home were responding to the involvement of a SP.

*Group interviews with young people (n=10 homes)*

Group and individual interviews with young people were also conducted in ten homes in the *Intensive Sample*. Up to five young people took part in each interview. These interviews were generally conducted towards the end of the observation visits, to give the young people some time to get to know the researchers. These interviews used questions and an activity to explore the young people's views of daily life in the homes; whether they observed any differences between their interactions with SPs and with other staff; and their perceptions of whether life in the home had changed since the SPs arrived. Group interviews were also conducted in two comparison homes to explore the experiences of young people who were resident in homes without SPs. The young people received a token £10 gift voucher to thank them for taking part.

*Group interviews with social workers (n=9 homes)*

We sought the views of field social workers with responsibilities for young people living in the nine homes in the Pilot which employed SPs: three from each of Groups 1-3, to explore their perceptions of any changes in the regime and practices of the homes and the impact this had had on the young people.

Our initial interviews with external senior managers asked them to identify the social work teams with which the study homes had the closest professional link in terms of responsibility for residents. Within the time and resources available, our original intention was to identify a social work team linked to the geographical area in which each home was based. This soon proved impractical as there can be little children's residential care in some areas and homes tend to be smaller than in the past. Consequently, social workers were drawn from a wider area. Eight main teams were identified with some additional input from social workers from different offices.

We had depicted this stage of the evaluation as 'focus groups,' but our groups of social workers tended to be small – three was the most common number who attended, and busy social workers sometimes joined and left at different times due to their pressing commitments. It may, therefore, be preferable to refer to our consultations with social workers as 'group interviews'. These interviews took about an hour, on average.

In total, 27 social workers participated in the group interviews (one of whom was a trained social pedagogue from Germany unrelated to the Pilot.). Between them, these social workers had been responsible for 26 young people who had lived in the homes during the course of the Pilot (Group 1 homes had employed SPs over a longer period). In addition,

five social workers in the children's disability team had worked with a large number of children and families who had visited the short-breaks home included in the *Intensive Sample* – it was not possible to estimate how many.

#### *Survey of young people in the short-breaks/education units (n=16)*

A short pre-coded postal questionnaire relating to 16 young people visiting the three short-breaks/education units for disabled children and their families was completed by staff in these homes. The aim of this survey was to describe the characteristics and circumstances of the young people using these homes. We asked the heads of these homes to pass our information and consent leaflets to the young people and their parents. These explained that we wished to collect anonymised data on the young people and asked for their consent to do so. The young people were identified to us solely by their initials and date of birth.

### **Outcome evaluation**

The outcome evaluation focused on the 27 homes in the study, excluding the three catering specifically for disabled children. As children lived with their families and visited these units for brief periods only, the residential homes would not be responsible for any 'outcomes' for these children in the same way as would the 27 establishments accommodating looked after children.

#### ***Survey of young people (n=114)***

The aim of our survey was to gather background information from residential staff on all young people living in the 27 mainstream homes and to compare outcomes for those living in homes with SPs with those who were not. The fact that SPs had already been working in the homes for some time when the evaluation was commissioned posed methodological problems for the outcome evaluation, as this meant that it was not possible to administer 'pre-social pedagogy' baseline measures. However, there was nothing that we could do about this. On the other hand, there is also an argument that initiatives should be allowed to 'bed-in' to overcome any start-up problems before an evaluation starts. We therefore investigated whether any change was reported on a number of key outcomes between baseline and follow up, an average of seven months later. The planned length of follow up had been six to nine months, which was determined by the 18-month time-frame for the study, but the actual time to follow up ranged from 4.7-9.4 months and was determined by how long it took individual homes to return questionnaires at both stages of our survey.

We prepared recruitment leaflets and consent forms and asked keyworkers to discuss these with young people and forward them to parents of those in voluntary care (Section 20

Children Act 1989). These information leaflets described the purpose and nature of the study, explained that the researchers would be collecting anonymised data only and offered young people and parents the opportunity to opt-out of the study with no further repercussions. The survey data were anonymous, with the young people identified to us solely by their initials and dates of birth. It was essential to have this (minimal) identifier to avoid duplicate cases and to allow us to link baseline and follow-up data.

Postal questionnaires comprising a mix of pre-coded and qualitative questions were completed by the young people's keyworkers at an early stage in the evaluation and at follow up. Discussions with the heads of homes indicated that 129 young people were living in the homes at baseline and questionnaires were sent to the homes. Of these 114 were returned, an 88 per cent response rate. In three cases young people refused consent to the survey and another three parents refused, but in the remaining nine missing cases, no reason was given for the non-return of questionnaires. Follow-up questionnaires were received on 106 (93 per cent) of this sample. Only 62 of these were full questionnaires providing follow-up data on young people in the sample, as many young people had left the homes since our baseline survey. However, 44 short questionnaires were returned on the young people who had left the homes, providing information on their reasons for leaving and their destinations. Eight young people were lost to follow up, despite our persistent chasing of staff in these homes. Table 2.1 presents details of the sample at follow up.

**Table 2.1 The sample at follow up**

	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>Comparison</i>	Total
Still in placement	4	13	10	35	62
Left placement	4	7	17	16	44
Lost to follow up	-	8	-	-	8
Total	8	28	27	51	114

The baseline survey collected information on young people's demographic characteristics and any special needs that they had; their care history; the duration and purpose of the current placement; their participation and progress in education and engagement in other activities and on any emotional and behavioural difficulties. Baseline questionnaires included the *Strengths and Difficulties Questionnaire (SDQ)*, a standardised screening measure for measure of emotional and behavioural difficulties (Goodman, 1997). At follow up, data were collected on our key outcome measures: participation and progress in

education; emotional and behavioural difficulties, if any; and participation in pro-social activities. Follow-up questionnaires to staff from homes in Groups 1-3 also elicited residential workers' views on the contribution made by SPs to each child's progress. At both stages of the survey we also asked about family contact.

The survey included a simple, visual measure of the young people's subjective perceptions of well-being, based on *Cantril's Ladder*, which staff were requested to ask the young people to complete at both baseline and follow up. *Cantril's Ladder* is a standardised measure of subjective well-being taken from the general well-being section of the *Lancashire Quality of Life Profile* (Huxley *et al.*, 2001). The young people were asked to indicate on a picture of this ten-rung ladder how well they felt their life was going in general. The top of the ladder was labelled 'Things couldn't be better' and the bottom of it was labelled 'Things couldn't be worse'. Young people were also asked to indicate on five similar ladders how well they felt things were going in relation to school, friends, how they got on with their families, staying out of trouble and interests and hobbies.

#### ***Collection of aggregate administrative data (n=23-25 homes)***

In an attempt to address the problem, noted above, that it was not possible to administer baseline measures in our survey before SPs began to work in the homes, we also collected aggregate data that covered a period that pre-dated the arrival of SPs as well as the period since they took up their posts. This allowed us to collect data on some key variables pre- and post the introduction of social pedagogy. It also took account of the throughput of homes.

We asked the heads of homes to provide us with aggregated data on key outcomes for three designated periods. For the homes participating in the Pilot (excluding the short-breaks/education units), heads of homes were asked to complete brief questionnaires in relation to the following periods:

- Period 1: Six months before the first SP began working at the home.
- Period 2: Six months after the SP entered the home.
- Period 3: The subsequent six months.

For the comparison group of homes, this information was requested for three six-month periods similar to those for the homes with SPs in the same local area.

We asked the heads of homes to tell us the number of young people who:

- had a planned move to a new placement;
- had an unplanned move to a new placement;
- were temporarily or permanently excluded from school;
- went missing overnight;
- were reported to police for a recorded offence.

We were able to collect aggregate data on the above issues from 23 homes for Period 1 and 2 and from 25 homes for Period 3.

### **Data analysis**

With permission, all interviews and focus groups were recorded and fully transcribed. In our analysis of aggregate data from the heads of homes and the focus groups/group interviews, the homes were the unit of analysis. In the analysis of survey data, young people were the unit of analysis.

Quantitative and qualitative data from the process evaluation were used to:

- compare practice and the quality of care offered between homes piloting social pedagogy and the comparison homes;
- compare issues in implementation between Groups 1, 2 and 3;
- gauge developments in the implementation of social pedagogy.

A thematic analysis of qualitative data from the observation visits, interviews and focus groups was undertaken, to compare themes and issues across the four groups of homes and, in particular, to compare homes employing SPs with homes that did not. The software package NVivo was used to help analyse qualitative data from the focus groups and interviews.

Quantitative data were analysed using the software package PASW 18. Bivariate analyses were used to compare the young people in homes employing SPs with those in comparison homes at baseline and follow up. Non-parametric tests were used as the data were not normally distributed. Details of the statistical tests carried out and the results of these tests are detailed in footnotes throughout the report.

### **Ethical issues**

Our approach to ethical considerations was informed by the Economic and Social Research Council (2005) *Research Ethics Framework*. This highlights the impartiality and



independence of social researchers and the avoidance of harm to research participants. Before fieldwork began, approval was obtained from the ADCS Research Committee and from the ethics committees of the universities of Bristol and York. Each member of the research team had an enhanced Criminal Records Bureau check.

We sought informed consent from all participants in the study. Young people, and the parents of those accommodated under Section 20 of the Children Act 1989, were given the option to opt-out of the anonymised survey, as detailed above. The young people who took part in the group interviews had the opportunity to opt-in or -out of these. Our recruitment materials emphasised that they were under no obligation to take part, that nothing they might say would be repeated to anyone and that our reporting of what was said in the interviews would contain no data that would identify them. They were assured that they could also stop the interview at any time.

We were at pains to ensure confidentiality for all participants throughout the study. Data on the young people were gathered anonymously, as noted above. Young people were identified by a project code, to which only the heads of home and a deputy held the key. The same guarantee of confidentiality was given to staff taking part in focus groups and interviews. The boundaries to confidentiality were clearly explained to participants in advance. The only exception would have been if we had discovered that a child was at risk of serious harm, where we had agreed a procedure with agencies, but this situation did not arise. Care has been taken to ensure that nothing written in this report would enable any individual young person, home or member of staff to be identified.

### **3. Homes, staff and social pedagogues**

To recapitulate, 30 homes took part in the study, of which 18 employed social pedagogues and 12 did not. Three of the study homes were short-breaks/education units for disabled children.

There were three groups of social pedagogy homes and a comparison group of homes. The nature of the groups and the number of homes in each are summarised below:

- Group 1 (4 homes): homes that already employed SPs prior to the Pilot programme.
- Group 2 (8 homes): homes in which SPs were employed during the course of the social pedagogy Pilot.
- Group 3 (6 homes): homes to which SPs working in a consultancy and local networking capacity were linked also during the Pilot.
- Group 4 (12 homes): comparison homes.

Among the small group of short-break/education units for disabled children, one was in Group 1, one in Group 2 and one was a comparison home. Although we had a useful observation visit to the comparison home, we did not obtain a completed questionnaire on the details of this home.

As well as describing homes to provide the context for our research, an important part of this chapter is to examine the extent to which the four groups of homes are comparable on criteria other than the employment of SPs.

#### **The homes**

Most (25) of the homes were in an urban location. They were provided by 23 different local authorities, voluntary or private sector organisations, with the majority of the homes in each group provided by local authorities. In seven agencies two homes participated in the Pilot programme and in one local authority three homes took part. These eight agencies included homes in both the Pilot group and the comparison group. (In this report 'Pilot' homes refers to the 18 establishments employing SPs, not the comparison homes.) Table 3.1 shows the distribution of the homes in each group by the sector providing them. Every sector had at least one representative home from each group.

**Table 3.1 Provider sector by group (n=30 homes)**

<i>Study group</i>	<i>Local authority</i>	<i>Voluntary</i>	<i>Private</i>	<i>Total</i>
Group 1	2	1	1	4
Group 2	6	1	1	8
Group 3	4	1	1	6
Comparison	9	2	1	12
Total	21	5	4	30

### Length of time established

Most of the 28 homes which provided data on the time they had been operating as children's residential homes were well-established, but ten had opened only recently, as shown in Table 3.2.

**Table 3.2 Years homes in operation by group**

<i>Years operating</i>	<i>Group 1 (n=4)</i>	<i>Group 2 (n=8)</i>	<i>Group 3 (n=5)</i>	<i>Comparison (n=11)</i>	<i>Total (n=28)</i>
<3 years	0	4	2	4	10
6-13 years	2	2	1	3	8
20-70 years	2	2	2	4	10

Three-quarters of the local authority homes had been operating for eight years or more, whereas the majority of the voluntary and private sector homes had been open for less than three years, as shown in Table 3.3.

**Table 3.3 Years in operation by sector**

<i>Years operating</i>	<i>Local authority (n=19)</i>	<i>Voluntary (n=5)</i>	<i>Private (n=4)</i>	<i>Total (n=28)</i>
<3 years	5	3	2	10
8-13 years	5	2	1	8
20-70 years	9	0	1	10

## Size

Most of the homes were small and only four had places for more than seven young people. This is the current trend, encouraged by research findings (Sinclair and Gibbs, 1998). Table 3.4 shows the distribution of places by group, which was broadly similar, with the exception that there were no large Group 1 homes.

**Table 3.4 Number of places offered by group (n=30 homes)**

<i>Number of places</i>	<i>Group 1 (n=4)</i>	<i>Group 2 (n=8)</i>	<i>Group 3 (n=6)</i>	<i>Comparison (n=12)</i>
3-5 places	1	4	3	4
6-7 places	3	1	2	6
8-10 places	0	2	1	1
15 places	-	1	-	-

Two of the larger homes (one with eight places and one with 15) were short-breaks units for disabled children (and their families). Just over half (16) of the homes were fully-occupied at the point of data collection, but none of the homes with more than seven places was full. Just under half of the homes (12) also worked with non-residents. Seven of these were Pilot homes and five were in the comparison group.

## Services provided

According to the heads of homes, the services most commonly provided were placements for children presenting behavioural, emotional and social difficulties ('BESD') and long-term placements. All but one of the homes offering long-term placements and all but two of those offering placements to young people with behavioural difficulties indicated that they also offered preparation for leaving care. The distribution of the services provided by the homes varied slightly across the groups as shown in Table 3.5. Nonetheless, every service was provided by at least one home in every group.

**Table 3.5 Number of homes providing each service by group (n=30 homes)**

<i>Service</i>	<i>Group 1</i> (n=4)	<i>Group 2</i> (n=8)	<i>Group 3</i> (n=6)	<i>Group 4</i> (n=12)	<i>Total</i> (n=30)
Placements for children with 'BESD'	3	8	6	11	28
Preparation for leaving care	3	5	6	11	25
Long-term placements	3	6	4	10	23
Emergency/short-term placements	3	5	3	8	18
Placements for children with learning, sensory or physical disabilities	3	3	1	4	11
Short-breaks/respite care	1	2	1	3	10
Education on-site	1	1	0	2	4

The majority of the homes studied had multiple functions and admitted children for different durations (long- or short-term care) and with varied needs (for example children with behavioural problems and/or those with disabilities). All of the homes were offering more than one service and almost three in every four (19) reported that they were providing four or more services. The three short-breaks units provided a specialist service for children with disabilities and one of these provided on-site education support. A further eight homes also could accommodate young people with disabilities and nearly two-thirds provided emergency or short-break placements to a wider group of young people.

## **Staffing**

### ***Social pedagogues***

There were 36 SPs participating in the Pilot at the point of baseline data collection, of whom half (18) were working in Group 2 homes. Two homes had vacancies for SPs (one in Group 1 and one in Group 3). The number of SPs employed in each home ranged from one to four, as shown in Table 3.6.

**Table 3.6 Number of social pedagogues in Pilot homes by group (n=36)**

<i>Number employed per home</i>	<i>Group 1 (4 homes)</i>	<i>Group 2 (8 homes)</i>	<i>Group 3 (6 homes)</i>	<i>Homes with this number of SPs</i>
1	2	0	2	4
2	1	6	4	11
3	0	2	0	2
4	1	0	0	1
Total SPs	8	18	10	36

As stated earlier, the Group 1 homes had been employing SPs before the Pilot began. Half the SPs had worked in these homes for more than one year, including two in one home who had been in post for 32-50 months. Just over half of the newly appointed SPs in Groups 2 and 3 had been in post for six months or under and none of the remainder had been employed for more than one year at baseline, as shown in Table 3.7.

**Table 3.7 Social pedagogues by length of service at baseline (n=36)**

<i>Number of social pedagogues</i>				
<i>Time in this home</i>	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>Total (n=36)</i>
1-6 months	0	12	3	15
7-12 months	4	6	7	17
13-24 months	2	0	0	2
>24 months	2	0	0	2

### ***Other staff: mainstream homes***

#### ***Care staff***

The 27 homes that were not operating solely as short-breaks/education units for disabled children employed a total of 280 care staff, nearly two-thirds of whom (180) were female. In all but one of the homes the mix of female and male staff was broadly balanced. As might be expected, homes employing a higher proportion of part-time staff had a higher total number of care staff. Two-thirds of the homes (18) employed between nine and 13 care staff, as shown in Table 3.8. However, one small home in Group 3 had only two care staff.

**Table 3.8 Number of care staff per home by group (n=27 homes)**

<i>Number of care staff</i>	<i>Group 1 Homes (n=3)</i>	<i>Group 2 Homes (n=7)</i>	<i>Group 3 Homes (n=6)</i>	<i>Comparison Homes (n=11)</i>
<9	1	2	3	0
9-10	2	3	2	2
11-13	0	2	1	6
>13	0	0	0	3

*Managers and other staff*

The 27 homes employed a total of 54 managers, including both heads of home and deputies. Most homes (20) had either one or two managers. Homes usually (22) had one or two administrative staff and one employed two teachers. Most homes (19) also employed at least one ancillary/domestic member of staff either part-time or full-time, and a quarter (7) reported that they employed specialist staff.

*Matching staff and residents*

When the number of SPs plus care staff (both full- and part-time) was compared with the number of residents currently living in the homes, the overall ratio was 2.5 staff per resident. Obviously staff presence is required 24 hours a day so not all staff work at the same time. The ratio was slightly lower in the Group 3 homes compared with those in Groups 1 and 2, as shown in Table 3.9.

**Table 3.9 Ratio staff (SPs plus care staff) to residents by group (n=27 homes)**

	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>Comparison</i>	<i>Total</i>
Staff per resident (n)	2.9	2.9	2	2.5	2.5
Range	1.5-4	1.3-6	1.3-2.8	1.7-3.7	1.3-6

These figures indicate the number of different carers working with the young people but do not take account of part-time status. The ratio of full-time equivalent staff to residents may therefore be somewhat lower for some homes. The most frequently found staff to resident ratio was in the range 2-2.8 (12 homes) and in the majority (25) of homes the ratio was 1.3-3.7. Only two of the homes had ratios higher than this. Once these were excluded from the analysis, there was virtually no difference between Groups 1 and 2 (whose mean ratios fell

to 2.4) and the comparison group. There was little difference in the ratio of care staff (plus SPs) to residents across the three provider sectors, as shown in Table 3.10.

**Table 3.10 Ratio of staff (SPs plus care staff) to residents by sector (n=27 homes)**

	<i>Local authority</i> (n=19 homes)	<i>Voluntary</i> (n=4 homes)	<i>Private</i> (n=4 homes)
Ratio of staff to residents	2.7	2.3	2
Range	1.3-6	1.9-3	1.3-3

According to the heads of homes, in most homes the ethnic background of the home's care staff broadly matched the ethnicity of the resident group, as shown in Table 3.11.

**Table 3.11 Ethnicity of care staff and residents by group (n=27 homes)**

<i>Ethnicity of care staff</i>	<i>Group 1</i> (n=3)	<i>Group 2</i> (n=7)	<i>Group 3</i> (n=6)	<i>Comparison</i> (n=11)	<i>Total</i> (n=27)
Broadly similar to residents' ethnicity	2	6	3	9	20
Reflects ethnicity of some residents only	1	1	3	1	6
Very different to ethnicity of resident group	0	0	0	1	1

#### *Short-breaks/education units for disabled children*

Information on staffing was available for two short-breaks units offering a service to disabled children. The Group 1 home, which had six places, was a voluntary sector home with one manager, two deputy managers, ten care staff and one SP. The Group 2 home, which had 15 places, was a local authority home. This had one manager and employed 32 care staff and three SPs and provided educational support on-site. Both homes reported that the ethnic profile of the staff group was broadly similar to that of the residents.

### **Characteristics and background of the residential staff**

We asked the residential staff who completed survey questionnaires about the young people (see Chapter 4) to provide us with some background details on themselves. We collected similar information from the SPs, which is presented separately in the next section of this chapter. Questionnaires were returned by 104 staff from 27 homes, including 20 managers within the homes, as shown in Table 3.12.



**Table 3.12 Residential staff by role and study group (n=104)**

<i>Position</i>	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>Comparison</i>	<i>Total</i>
Heads of homes	2	5	-	5	12
Deputy heads of homes	-	-	3	5	8
Residential workers	6	18	19	41	84
Total staff	8	23	22	51	104

The staff who provided us with background information on themselves accounted for 37 per cent of the 280 care staff working in the homes at the time of the study. The heads of homes and deputy managers who returned these questionnaires accounted for the same proportion of all managers working in the homes. Unfortunately we do not know whether or not these groups were representative of all staff working in the homes at the time.

### ***Age, sex and ethnic origin***

Eighty per cent of the staff who returned questionnaires were age 30 years or over and over half were over 40 years-old, as shown in Table 3.13.

**Table 3.13 Age group of residential staff (n=90)**

<i>Group</i>	<i>20-30 years</i>	<i>31-40 years</i>	<i>41-50 years</i>	<i>51 years+</i>
	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>
Heads/deputy managers	-	3 (27)	5 (45)	3 (27)
Residential staff	23 (17)	21 (29)	21 (29)	14 (19)
All staff	23 (20)	24 (29)	26 (31)	17 (20)

Over half (59 per cent) of the staff who returned questionnaires were female, slightly lower than the proportion of 64 per cent for all staff in the homes (as reported to us by the heads of homes). This pattern is broadly consistent with previous research on children's residential care in England, which found that it has a mainly female workforce (Sinclair and Gibbs, 1998). There were similar numbers of female and male managers.

Most of the staff in the homes described themselves as white (83 per cent). Eleven per cent were black, around half of them of Black Caribbean and half of Black African origin, and four per cent were of mixed ethnic origin.

### ***Qualifications***

We need to bear in mind that staff completing these surveys were not necessarily representative of the whole group working in the homes. Nevertheless, only two respondents (one head of home and one deputy) had professional qualifications in social work (a DipSW, CQSW or graduate diploma). (Twenty respondents overall were graduates in subjects other than social work, education or nursing.) The other four heads of home and two deputy heads had an NVQ Level 4, but the highest relevant qualification held by the other deputy heads was an NVQ Level 3.

Among the remaining care staff, 16 per cent had an NVQ Level 4 but for 70 per cent the highest social work qualification was NVQ Level 3. The remaining 14 per cent did not report any professional qualifications. Overall, therefore, if these respondents were more broadly representative, this suggests that the managers and staff in the homes did not have a high level of social work qualifications. Only two had a professional social work qualification and only 21 per cent had an NVQ Level 4. For nearly two-thirds (64 per cent) of survey respondents, the highest level of professional qualification was NVQ Level 3 and one in eight reported no professional qualifications at all.

### ***Experience***

The managers and staff in the homes were an experienced group. Over half (56 per cent) had been working with children for ten years or more and 86 per cent had done so for over six years. They were a generally settled staff group, as 69 per cent had been working in the same children's home for three years or more and only seven per cent had worked there for less than one year. Many of them had extensive experience of caring for children in residential settings. Two-thirds had worked in residential care for six years or more and nearly a third had done so for ten years or more. Other English studies of children's homes conducted some years ago similarly found that staff typically have many years experience in working in children's residential care, so little appears to have changed in this respect. One found that that the average experience of current residential staff was around seven years (Berridge and Brodie, 1998), while a larger national survey found that two-thirds of staff had been working in their current residential home for over three years, including two-fifths who had been there more than five years (Sinclair and Gibbs, 1998).

### **Characteristics and background of the social pedagogues**

We were able to gather background information from 35 SPs working in the Pilot homes as follows:

- Group 1 homes: 8 SPs.
- Group 2 homes: 17 SPs.
- Group 3 homes: 10 SPs.

This distribution reflects the number of homes in each group and the proportion of homes within each group employing two or more SPs (see Table 3.6).

### ***Age, sex and nationality***

The majority (28) of the SPs were female. A higher proportion of the SPs (80 per cent) were female compared with other staff in the homes (64 per cent). The SPs also had a much younger age profile than the care staff, as all of them were age 40 years or under, whereas this was true for only 47 per cent of care staff (excluding heads of homes and other senior staff). Half (51 per cent) of the SPs were between the ages of 23 and 30 years and 80 per cent were age 33 or under. There was little difference in the average ages of SPs in the three groups, as shown in Table 3.14.<sup>2</sup>

**Table 3.14 Age of social pedagogues (n=35)**

<i>Group</i>	<i>Average age (years)</i>
Group 1	30.1
Group 2	29.5
Group 3	33.2

Regarding nationality, in 2007 the *Care Matters* White Paper mentioned that a number of existing residential homes in England reported benefits from employing SPs from Denmark and Germany. The House of Commons Select Committee subsequently visited Copenhagen to investigate the use of social pedagogy in Denmark (House of Commons: Children Schools and Families Committee, 2009). The research brief from DCSF stated that SPs were being recruited to the Pilot homes from Germany, Denmark, Flanders and the Netherlands but, as it transpired, 83 per cent (29) of the SPs who completed our questionnaires came from Germany. Two others came from Poland and one SP was from each of the following countries: Austria; Switzerland, Sweden and the Netherlands. Social pedagogy has a diversity across European countries. The emergence of social pedagogy in Germany, for example, has particular social and political origins (Kornbeck and Rosendal Jensen, 2009; Lorenz, 2008). There may, therefore, have been some differences in the

<sup>2</sup> Group sizes were too small to undertake statistical analysis comparing means.

approaches of SPs from different countries and these could have important implications for the Pilot.

### ***Professional qualifications***

From an English residential work perspective, SPs were a well-qualified group (see Petrie *et al.*, 2006: Chapter 4). The most common qualification listed was a Diploma in Social Pedagogy from a German university (19 SPs). Eight of the SPs with these diplomas in pedagogy also had had Masters level qualifications. A further seven SPs had a BA in social work, two had degrees in behaviour sciences, and two had MAs in other subjects. Two others had lower level professional qualifications in caring for children (and adults). Three did not indicate that they had any. As anticipated, the SPs therefore had a far higher level of qualification than the care staff in the homes. They were more likely to have a professional qualification than the managers who returned questionnaires, only a fifth (two) of whom had a degree-level qualification.

### ***Experience***

Most of the SPs (33) had previous experience of working with children and their families, including adolescents. However, perhaps unexpectedly, 11 of the SPs (seven of whom were in Group 2 homes) had not previously undertaken residential work with young people. Table 3.15 shows the residential experience of the SPs by group.

**Table 3.15 Number of SPs with experience of working in residential settings (n=35)**

	<i>Group 1</i> (n=8)	<i>Group 2</i> (n=17)	<i>Group 3</i> (n=10)
Residential experience (n)	7	9	8

Among the 24 SPs who reported having previous experience of working in residential settings, on average those in Group 3 homes had the most extensive experience. However, within each group there was considerable variation in the length of previous residential experience, which ranged from one to 108 months, as shown in Table 3.16.

**Table 3.16 SPs' experience in children's residential care (n=24)**

	<i>Group 1</i> (n=7) months	<i>Group 2</i> (n=9) months	<i>Group 3</i> (n=8) months	<i>Total</i> (n=24) months
Mean	19.9	28.2	61.1	36.8
Median	12	18	78.5	18
Range	5-54	1-114	6-108	1-114

Compared with the SPs, the care staff in the homes had considerably longer experience of children's residential care. Table 3.17 compares the length of residential experience for SPs with that of care staff (excluding heads of homes and other senior staff).

**Table 3.17 Residential experience for SPs and care staff in years**

	<i>SPs</i> (n=35) n (%)	<i>Care staff</i> (n=75) n (%)
0	11 (31)	0
<1 year	7 (20)	3 (4)
1-2 years	9 (26)	9 (12)
3-<10 years	8 (23)	42 (56)
10 years or more	0	21 (28)

Nearly a third of the SPs who returned questionnaires had no previous experience of working with young people in a residential setting and half of them had previously worked in residential care for only two years or less. In contrast, 84 per cent of the other care staff had worked in this setting for three or more years and 28 per cent had done so for ten years or more. The SPs, therefore, had a considerably higher level of qualifications but far less experience of children's residential care than the care staff in the homes which employed them.

## Conclusion

The homes in the three groups employing SPs appeared to be broadly well-matched to the homes in the comparison group in terms of their size, providers, years in operation and the services they provided, although we were unable to test this statistically due to the small number of homes in the Pilot. This similarity between the homes in the four groups is

important since, as far as possible, we are seeking to account for extraneous variables other than the introduction of social pedagogy to children's residential homes.

Overall, the SPs were mainly young women from Germany, in their late twenties. They tended to be younger than most other staff in the homes, with the majority in their late 20s/early 30s, and were also more likely to be female. Compared with the English residential staff, the SPs had an impressive range of professional qualifications and previous experience of working with children and young people. However, as a group they had limited residential experience.

There was therefore something of a contrast between the SPs and the existing staff group in Pilot homes. In recruiting SPs from overseas for the Pilot, it is quite likely that those who are prepared to be migrant labour on fixed-term contracts might be young, well-educated, personally ambitious and with relatively few family ties. Inevitably, given their age, their previous employment experience may be limited.

### **Summary points**

- The 27 mainstream homes offered a range of services including, in most cases, both long-term and short-term placements. Three homes (two of which employed SPs) had a more specialist function providing short-breaks for children with physical and/or learning disabilities.
- Two-thirds (21) of the homes were provided by local authorities and the remainder were provided by the voluntary (5) or private (4) sector organisations.
- Most of the homes were small. Over three-quarters had three to seven places but one of the short-breaks homes for disabled children had 15 places.
- Most of the homes catered for children with a variety of needs and offered a variety of services.
- There were no obvious differences in the proportion of homes of different sizes (in terms of capacity and staff groups) in Groups 2 and 3 compared with the comparison group of homes. On average, the Group 1 homes had places for fewer children and so employed fewer care staff.
- There was very little difference in staff to resident ratios between the groups, although on average the homes in Group 3 appeared to have a slightly lower ratio.

- The majority both of the SPs and the other care staff were female. However, on average the SPs were considerably younger than care staff, as the majority were in their 20s and 30s and none were over 40 years-old.
- Most of the SPs (29) came from Germany. The others came from Poland, Sweden, Austria, Switzerland and the Netherlands.
- SPs were a professionally well-qualified group, having diploma- or degree-level qualifications in social pedagogy, social work or (in a few cases) other relevant subjects and over a quarter had Masters degrees. The survey suggested that less than two per cent of care staff had degree-level social work qualifications.
- Most of the SPs (33) had previous experience of working with children and their families, but 11 of them SPs had not previously undertaken residential work with young people.
- Care staff typically had considerably more years of experience of working in children's residential care than the SPs.

## 4. The young people

This chapter compares the characteristics and histories of the young people in the four groups of homes, drawing on our initial postal survey of residential workers. We focus principally on the young people in the 27 homes, who were included in our outcome evaluation. At the end of the chapter, we also describe the young people staying in the short-breaks /education units, who were not included in our outcome evaluation (see Chapter 2).

The initial survey for our outcome evaluation included 114 young people living in these 27 homes. This group accounted for 88 per cent of all young people living in these homes at the time, so it is likely to be broadly representative of the total group of residents.<sup>3</sup> Just over half of them came from homes piloting social pedagogy, as shown in Table 4.1.

**Table 4.1 Young people by group (n=114)**

	<i>Group 1</i> (3 homes)	<i>Group 2</i> (7 homes)	<i>Group 3</i> (6 homes)	<i>Total Pilot</i> (16 homes)	<i>Comparison</i> (11 homes)
Number	8	28	27	63	51

### Characteristics of the young people

#### **Gender**

The majority of the young people were male (58 per cent). There were more males in the homes employing SPs (62 per cent, compared with 53 per cent in the comparison homes) but this difference was not statistically significant.

#### **Age**

Most (71 per cent) of the young people were age 15 years or over. Their ages ranged from 10.5 to 19 years, with a mean age of 15.6 years. Those in the Pilot homes were nearly one year older, on average, than those in the comparison homes (with a mean age of 16 years compared to 15.2 years for the comparison group).<sup>4</sup> There was little difference in the mean age of residents in each of the three groups of Pilot homes, as shown in Table 4.2.

<sup>3</sup> However we cannot check this due to a lack of information on those missing from the survey.

<sup>4</sup> Mann-Whitney U test comparing Groups 1-3 to Group 4 significant at <.001.



**Table 4.2 Age by group (n=114)**

Age	Group 1 (n=8) n (%)	Group 2 (n=28) n (%)	Group 3 (n=27) n (%)	Comparison (n=51) n (%)	Total (n=114) n (%)
<13 years	2 (25)	0	2 (7)	1 (2)	5 (4)
13-14 years	0	5 (18)	3 (11)	20 (39)	28 (25)
15-16 years	2 (25)	18 (64)	16 (59)	27 (53)	63 (55)
17-19 years	4 (50)	5 (18)	6 (22)	3 (6)	18 (16)
Mean age in years	15.9	16.1	15.9	15.2	15.7

Just three young people were 18-19 years old. Two were adolescent entrants to care who had joined these homes within the previous 18 months and for whom the main purpose of the placement was preparation for independence; the third had been living in the home for nearly four years.

### ***Ethnic origin***

Just over a fifth of the young people (22 per cent) came from minority ethnic groups, slightly lower than the proportion of 27 per cent for all looked after children in England (Department for Children, Schools and Families, 2009).

**Table 4.3 Young people's ethnic origin by group (n=113)**

Young people's ethnic origin	Group 1 (n=8) n (%)	Group 2 (n=28) n (%)	Group 3 (n=27) n (%)	Comparison (n=50) n (%)	Total (n=113) n (%)
White	5 (63)	19 (68)	20 (74)	45 (90)	89 (78)
Mixed	2 (25)	3 (11)	1 (4)	3 (6)	9 (8)
Black	0 (0)	3 (11)	3 (11)	0 (0)	6 (5)
Asian	0 (0)	1 (4)	1 (4)	2 (4)	4 (4)
Other	1 (12)	2 (6)	2 (7)	0 (0)	5 (5)

The proportion of young people from Black and minority ethnic (BME) groups was significantly higher in the combined group of social pedagogy homes (30 per cent) than in the comparisons (ten per cent), reflecting differences in the demographics of the areas in

which some Pilot and comparison homes were located.<sup>5</sup> The majority (five) of the young people who were of mixed ethnicity were of Caribbean and white origin.

### **Nationality**

The vast majority (93 per cent, 106) of the young people had British nationality and five were asylum seekers. Four of these were living in Pilot homes, three of them in the same one. Two of the three remaining young people were reported to be German or French-African, and the last young person's nationality was unspecified.

### **Special educational needs**

A total of 38 per cent (38) of the young people in the study had a Statement of special educational needs (SEN) or were undergoing assessment at the time of the survey, as shown in Table 4.4. This is higher than the overall level for all looked after children (of all ages) in England, which is 27 per cent (Department for Children Schools and Families, 2009). There was a higher proportion of residents with SEN in the comparison homes (48 per cent) than in the Pilot homes (32 per cent), but this difference was not significant.<sup>6</sup>

**Table 4.4 Statement of SEN by group**

<i>Statement of SEN</i>	<i>Group 1</i> (n=8) n (%)	<i>Group 2</i> (n=28) n (%)	<i>Group 3</i> (n=27) n (%)	<i>Comparison</i> (n=50) n (%)	<i>Total</i> (n=110) n (%)
Has a statement of SEN	3 (38)	10 (36)	6 (22)	19 (38)	38 (34)
Assessment for SEN currently in progress	0 (0)	1 (3)	0 (0)	3 (6)	4 (4)
School Action Plus	0	0	0	3 (6)	3 (3)
No SEN reported	5 (62)	17 (61)	21 (78)	25 (50)	68 (60)

As Table 4.5 shows, the most common area of special educational needs identified was 'behavioural, emotional and social difficulties' (BESD), which was reported in relation to 27 per cent of the total sample.

<sup>5</sup> Chi-square test significant at  $p=.031$ .

<sup>6</sup> Six young people with SEN were beyond compulsory school age. A recent ruling has stated that SEN status continues until age 19 (see <http://www.maxwellgillott.com/news-sept2010-SEN-statements.htm>).

**Table 4.5 Special needs by group**

<i>Special educational needs</i>	<i>Group 1</i> (n=8) n (%)	<i>Group 2</i> (n=28) n (%)	<i>Group 3</i> (n=27) n (%)	<i>Comparison</i> (n=50) n (%)	<i>Total</i> (n=113) n (%)
BESD	2 (6)	6 (21)	6 (22)	18 (36)	32 (28)
Moderate learning difficulty	1 (13)	1 (4)	2 (5)	10 (20)	14 (12)
Speech, language and communication needs	1 (13)	1 (4)	1 (4)	2 (4)	5 (4)
Autistic spectrum disorder	0 (0)	2 (7)	1 (4)	2 (4)	5 (4)
Severe learning difficulty	0 (0)	2 (7)	0 (0)	0 (0)	2 (2)
Special learning difficulty (e.g. dyslexia, dyspraxia)	0 (0)	0 (0)	0 (0)	2 (4)	2 (2)
Visual impairment	0 (0)	0 (0)	1 (4)	0 (0)	1 (1)

Three of the young people with autistic spectrum disorders were reported to have Asperger's Syndrome. Moderate learning difficulties were more frequently reported in relation to the comparison group (20 per cent of residents, compared with six per cent of those in Pilot homes). Reports of BESD were also more common for the comparison group (36 per cent compared to 19 per cent in the Pilot homes).<sup>7</sup> Additional learning difficulties were reported in relation to just under a third (nine) of the young people with BESD. These included moderate learning difficulties (five young people), severe learning difficulties (one young person, who was also reported to have an autistic spectrum disorder, as did one other young person) and specific learning difficulties (two). As well as reflecting pupils' difficulties, we know that variations in SEN rates also reflect professionals' approaches towards assessment (Galloway and Goodwin, 1987).

## Care history

### *Reason for entry to care or accommodation*

We asked residential staff to indicate the principal reason for the young person's last care episode (if more than one episode), although there may often be multiple reasons why a child or young person becomes looked after. The most common reason given was 'abuse or neglect', which was reported in relation to nearly half of the young people, followed by 'family dysfunction,' relating to a third of them, as shown in Table 4.6.

<sup>7</sup> Chi-square test for moderate learning difficulties by group significant at  $p=.043$ . The difference in relation to BESD was not significant.

**Table 4.6 Reason for entry by group (n=112)**

<i>Reason for entry</i> <sup>8</sup>	<i>Group 1</i> (n=9) n (%)	<i>Group 2</i> (n=28) n (%)	<i>Group 3</i> (n=27) n (%)	<i>Comparison</i> (n=50) n (%)	<i>Total</i> (n=112) n (%)
Abuse or neglect	3 (38)	10 (37)	6 (22)	27 (54)	46 (41)
Family dysfunction	1 (12)	10 (37)	13 (48)	10 (20)	34 (30)
Family in acute stress	2 (25)	3 (11)	3 (11)	7 (14)	15 (13)
Socially unacceptable behaviour	1 (12)	3 (11)	1 (4)	6 (12)	11 (10)
Absent parents	1 (12)	0 (0)	3 (11)	0 (0)	4 (4)
Parent or child disability/illness	0	1 (4)	1 (4)	0 (0)	2 (2)

Over half (54 per cent) of the young people in the comparison homes became looked after due to abuse or neglect, compared to just over a third (34 per cent) of those in Pilot homes. Those in the SP homes were more than twice as likely to have entered care due to family dysfunction (43 per cent) than residents of the comparison homes (20 per cent), but similar proportions of both groups had become looked after for other reasons.<sup>9</sup>

#### ***Age at last entry to care or accommodation***

The young people entered care between the ages of three months and 17¾ years. A third became looked after before the age of 11 years (on the last occasion, if they had more than one care episode) and two-thirds (67 per cent) at the age of 11 or over. Those in the comparison group had last entered care roughly two years earlier, on average, than those in the Pilot homes, as shown in Table 4.7.

**Table 4.7 Age in years at last entry to care or accommodation (n=96)**

<i>Reason for entry</i> <sup>10</sup>	<i>Pilot homes</i> (n=56)	<i>Comparison</i> (n=40)
Mean age at entry	12.9	10.8
Median age	14.1	12
Range	2.3 - 17.1	0.3 - 15

<sup>8</sup> Department for Education 'Children in Need' categories are used.

<sup>9</sup> Fisher's Exact Test significant at p=.035.

<sup>10</sup> Department for Education 'Children in Need' categories are used.

Ten per cent (9) of the young people had entered care at the ages of 16-17 years, in most cases due to family dysfunction (4) or absent parenting (3).

The *Pursuit of Permanence* study of 7,399 looked after children identified three groups of adolescents who are looked after. These may be ‘adolescent graduates’ of the care system, who become looked after before the age of 11 years and grow up in care. This group typically becomes looked after either for reasons of abuse or neglect or due to their parents’ inability to care for them. The other groups are ‘adolescent entrants’ to care, who enter at the age of 11 or over; and a smaller group of ‘abused adolescents,’ who enter during adolescence as a result of abuse or neglect (Sinclair *et al.*, 2007). The homes in our study accommodated all three of these groups, as shown in Table 4.8.

**Table 4.8 Admission group (n=96)**

	Group 1 (n=6) n (%)	Group 2 (n=24) n (%)	Group 3 (n=26) n (%)	Comparison (n=40) n (%)	Total (n=96) n (%)
Adolescent graduates	4 (67)	7 (29)	3 (11)	18 (45)	32 (33)
Adolescent entrants,	2 (33)	17 (71)	23 (89)	22 (55)	64(67)
• of which, abused adolescents	0	3 (12)	5 (19)	6 (8)	14 (15)

Overall, the Pilot homes looked after a significantly higher proportion of adolescent entrants (75 per cent of residents) than the comparison homes (55 per cent of residents). The comparison homes accommodated a correspondingly higher proportion of adolescent graduates, who had entered care before the age of 11 years. Due to these different patterns of entry, the higher proportion of adolescent graduates in the comparison group meant that a higher proportion of residents had become looked after for reasons of abuse and neglect. The higher proportion of adolescent entrants in Pilot homes meant that this group were more likely to have entered as a result of family dysfunction, although roughly a third of them had also entered due to abuse and neglect. Adolescent entrants may have had previous admissions to care or, alternatively, may be ‘teenage erupters’ (Millham *et al.*, 1986). Previous research has shown that while admission is often precipitated by their challenging behaviour, many have previous experience of abuse, neglect and domestic violence (Sinclair *et al.*, 2007; Biehal, 2005).

**Legal status**

Over half of the young people (55 per cent) were in voluntary care (accommodated under Section 20 of the Children Act 1989), as shown in Table 4.9.

**Table 4.9 Young people's legal status by group (n=114)**

<i>Young people's legal status</i>	<i>Group 1 (n=8) n (%)</i>	<i>Group 2 (n=28) n (%)</i>	<i>Group 3 (n=27) n (%)</i>	<i>Comparison (n=51) n (%)</i>	<i>Total (n=114) n (%)</i>
Voluntary care	3 (38)	17 (61)	21 (78)	24 (47)	65 (57)
Care order	4 (50)	10 (36)	5 (19)	25 (49)	44 (39)
Supervision order	0	0	1 (3)	0	1 (1)
Other order	1 (12)	1 (3)	0	2 (4)	4 (4)

Nearly two-thirds of the young people in the Pilot homes were in voluntary care (65 per cent), compared with just under one half in the comparison homes (47 per cent). A correspondingly higher proportion of residents in comparison homes were subject to care orders (49 per cent, compared with 32 per cent in the Pilot homes). These differences reflect the fact that the comparison homes included a higher proportion of young people who had become looked after at an earlier age, often due to maltreatment.

**Time in care**

The duration of young people's current care episodes ranged from five months to 15 years. Sixty per cent had been looked after for two or more years and nearly a third for five years or more, as shown in Table 4.10.

**Table 4.10 Time in care by group (current care episode) (n=96)**

<i>Time in care</i>	<i>Group 1</i> (n=6) n (%)	<i>Group 2</i> (n=24) n (%)	<i>Group 3</i> (n=26) n (%)	<i>Comparison</i> (n=40) n (%)	<i>Total</i> (n=96) n (%)
< 6 months	0	1 (4)	0	0	1 (1)
6<12 months	0	3 (12)	3 (12)	3 (8)	9 (9)
1-<2 years	1 (17)	5 (21)	13 (50)	10 (25)	29 (30)
2-<5 years	2 (33)	8 (33)	7 (27)	10 (25)	27 (28)
5-10 years	2 (33)	3 (12)	3 (12)	11 (28)	19 (20)
More than 10 years	1 (17)	4 (17)	0	6 (15)	11 (12)
Mean time in years	6.0	4.6	2.3	4.9	4.2

There was a significant difference in residents' time in care between the four groups of homes.<sup>11</sup> Young people in the Group 3 homes had been looked after for a shorter period of time, on average, than those in the other three groups. This may to some extent be due to the fact that nearly 90 per cent of the young people in the small number of Group 3 homes were adolescent entrants to care. On average, the adolescent entrants in the sample had been looked after for two years, compared with just over eight years for adolescent graduates.

Other research has shown that, typically, adolescent entrants are looked after short-term. For example, the *Pursuit of Permanence* study found that around half of them stay for less than eight weeks and two-thirds under six months (Biehal, 2005; Sinclair *et al.*, 2007). The average length of stay for the adolescent entrants in our sample was longer, as 86 per cent had been looked after for one year or more. This is because a cross-sectional survey of the 'stock' of young people looked after at a single point in time is unlikely to include many of those who are looked after only briefly, as they have less chance of being in placement at the point the survey is conducted. A survey which included the 'flow' of entrants into care over a period of time would, therefore, include a much larger proportion of children with shorter episodes of care. For this reason, as a group the adolescent entrants in our sample may have been looked after slightly longer, on average, than adolescent entrants to the wider looked after system, as relatively few of them had been looked after for less than six months.

<sup>11</sup> Kruskal-Wallis test for time in care by group significant at  $p=.027$ , but Mann-Whitney U test for time in care by SP homes (combined) versus the comparison group was not significant.

### ***Number of care placements***

The total number of placements in which the young people had lived since their current care episode began ranged from one to 12 (excluding one outlier, a young person with a total of 27 placements). On average, young people had around three placements, with little variation between the groups in the mean number of placements. Half of the young people had lived in just one or two placements, as shown in Table 4.11.

**Table 4.11 Number of placements by group (current care episode) (n=106)**

<i>Number of placements</i>	<i>Group 1</i> (n=7) n (%)	<i>Group 2</i> (n=27) n (%)	<i>Group 3</i> (n=27) n (%)	<i>Comparison</i> (n=45) n (%)	<i>Total</i> (n=106) n (%)
1-2	0	14 (52)	19 (70)	20 (44)	53 (50)
3-5	5 (71)	6 (22)	5 (19)	11 (24)	27 (25)
6-9	1 (14)	4 (15)	2 (7)	11 (24)	18 (17)
10-12	1 (14)	2 (7)	1 (4)	3 (7)	7 (7)
27	0	1 (4)	0	0	1 (1)
Mean number <sup>12</sup>	2.6	2.4	2.4	3.2	3.0

Thirty per cent of the young people had lived in only one placement, their current one. There were no significant differences between the groups in the number of placements the young people had lived in.

### **The current placement**

#### ***Purpose of the placement***

We asked staff to indicate the main purpose of the current placement. The two most common purposes reported were long-term care and preparation for independence, as shown in Table 4.12.

<sup>12</sup> Mean scores exclude outlier.



**Table 4.12 Main purpose of placement by group (n=114)**

<i>Main purpose of placement</i>	<i>Group 1</i> (n=8) n (%)	<i>Group 2</i> (n=28) n (%)	<i>Group 3</i> (n=27) n (%)	<i>Comparison</i> (n=51) n (%)	<i>Total</i> (n=114) n (%)
Long-term care	1 (12)	12 (43)	5 (19)	24 (47)	42 (37)
Preparation for independence	4 (50)	7 (25)	6 (22)	9 (18)	26 (23)
An emergency placement	0 (0)	0 (0)	6 (22)	7 (14)	13 (11)
Assess young people's needs	0 (0)	3 (11)	4 (15)	5 (10)	12 (10)
Treatment	3 (38)	1 (4)	1 (4)	1 (2)	6 (5)
Help young people and family get back together	0	1 (4)	2 (7)	3 (6)	6 (5)
Preparation for another placement	0 (0)	1 (4)	2 (10)	1 (2)	4 (4)
Short-break	0 (0)	1 (4)	1 (4)	0 (0)	2 (2)
Other	0 (0)	2 (7)	0 (0)	1 (2)	3 (3)

The purpose of the current placement was more likely to be long-term care in the comparison homes (47 per cent of residents), than in the Pilot homes (29 per cent of residents). This is consistent with the younger age at entry to care and younger current age, on average, of the young people in the comparison homes. Within the Pilot homes, most of those who were placed for long-term care were living in Group 2 homes. Adolescent graduates were more likely to have been placed for long-term care than adolescent entrants but, given the large proportion of adolescent entrants in this sample, the group placed for long-term care included equal numbers of both.

A fifth of the young people (25) were placed short-term, either as an emergency or for the purpose of assessment. The majority of these were living in Group 3 or comparison homes.

Preparation for independence was more commonly reported as the purpose of the placement for young people in the SP homes (27 per cent) than in the comparison homes (18 per cent).

### ***Time in the home***

The time that young people had been living in their current residential homes ranged from less than one month (in one case) to almost four and a half years. Forty per cent (40) of the

sample had lived in the home for one year or more but 29 per cent had been there for less than six months.

**Table 4.13 Time in the current children's home by group**

<i>Time in the current children's home</i>	<i>Group 1</i> (n=7) n (%)	<i>Group 2</i> (n=26) n (%)	<i>Group 3</i> (n=20) n (%)	<i>Comparison</i> (n=49) n (%)	<i>Total</i> (n=109) n (%)
<3 months	1 (14)	2 (8)	3 (15)	2 (4)	8 (8)
3-<6 months	1 (14)	7 (27)	5 (25)	8 (16)	21 (21)
6-<12 months	3 (43)	5 (19)	8 (40)	17 (35)	33 (32)
12-23 months	2 (29)	4 (15)	4 (20)	16 (33)	26 (26)
24 months and over	0 (0)	8 (31)	0 (0)	6 (12)	14 (14)
Mean time in months	10.1	15.5	8.7	14.8	13.5

On average the young people in the Pilot homes had been in their placements for 12.2 months, compared to 14.8 months for those in the comparison homes, but this difference was not statistically significant. Young people in the Group 2 homes had lived in these longer, on average, than those in the other three groups, but differences between the four groups of homes were not statistically significant either.

## **Behavioural and emotional difficulties**

### ***Behaviour and emotional difficulties in the past six months***

Residential staff were asked to indicate the extent to which the young person displayed a range of behaviour problems. Table 4.14 shows the number of young people in each group for whom either 'some' or 'significant' problems on each measure were reported. General behaviour problems were reported for the majority (84 per cent) of the sample and 69 per cent were reported to be aggressive or violent, although 'significant' problems of aggression or violence were reported for a smaller proportion (20 per cent).

**Table 4.14 Behaviour by group - residents demonstrating 'some' or 'significant' problems**

	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>Comparison</i>	<i>Total</i>	<i>Sig. p</i>
	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	
General behaviour n=107	7 (88)	22 (85)	16 (73)	45 (88)	90 (84)	.414
Aggression or violence n=107	6 (67)	17 (65)	13 (59)	38 (76)	74 (69)	.449
Putting him/herself at risk n=107	7 (78)	16 (59)	11 (50)	36 (74)	70 (65)	.119
Going missing n=106	5 (63)	13 (46)	13 (50)	29 (59)	60 (54)	.693
Alcohol, drug or substance misuse n=106	5 (56)	12 (46)	12 (57)	26 (52)	55 (52)	.957
Trouble with police: conviction final warning or reprimand n=106	4 (50)	5 (19)	16 (59)	36 (72)	61 (55)	<b>&lt;.001</b>
Self-harm n=103	4 (44)	4 (16)	4 (19)	20 (42)	32 (31)	.208
Behaviour at school n=70	1 (25)	12 (80)	7 (88)	36 (84)	56 (80)	<b>.039</b>

The only significant differences between young people in the four groups of homes were in relation to behaviour at school, and trouble with the police. Behaviour problems at school were less likely to be reported in relation to the small group of young people in the Group 1 homes but there was little difference between the other three groups in this respect. The proportion in trouble with the police was high for all groups of homes except Group 2, with the young people in the comparison homes the most likely to have received a reprimand, final warning or conviction in the previous six months. On closer analysis, it appeared that delinquency and problems with going missing were particularly common in six of the 11 comparison homes and three of the six Group 3 homes.

### ***Mental health***

As well as collecting the detailed information (above) on the specific nature of young people's emotional and behavioural difficulties, we also used a standardised measure, the Strengths and Difficulties Questionnaire (SDQ), to assess the extent to which these difficulties were severe enough to be classified as mental health problems (Goodman, 1997). The SDQ comprises five domains, four of which are summed to give a total difficulties score. Scores for total difficulties were banded according to Goodman's criteria for normal, borderline and abnormal functioning.<sup>13</sup> As the SDQ is designed for use with children aged four to 16 years, we excluded all those age 17 years or over from this analysis.

<sup>13</sup> The recommended bandings for total SDQ scores are normal (0-13), borderline (14-16), abnormal (17-40) functioning. Mean domain scores were substituted for missing values.

Abnormal scores on the SDQ indicate clinically significant mental health problems. In the wider community only 11 per cent of adolescents would be expected to have clinically significant scores, while 80 per cent of children and young people would be expected to score in the normal range (Goodman, 1997). The young people in our sample were five times more likely to have scores indicating mental health difficulties than young people in the wider population, as 55 per cent of them had clinically significant scores while only just over a quarter (27 per cent) had scores within the normal range. This is unsurprising, as previous studies have shown, looked after children are disproportionately likely to have mental health difficulties as a consequence of their upbringing and previous experiences (Meltzer *et al.*, 2003; McCann *et al.*, 1996).

We compared the proportion of our sample with clinically significant scores on the SDQ with data from studies of the mental health of representative samples of 11-15 year-olds in the wider community or in care placements for looked after children (Meltzer *et al.*, 2003; Meltzer *et al.*, 2000).<sup>14</sup> Table 4.15 shows the proportions of children with 'abnormal' scores for total difficulties on the SDQ, and for the five domains comprising the total difficulties score:

**Table 4.15 Per cent with clinically significant scores on SDQ: comparison with studies of wider looked after population and wider community**

	<i>Study sample (n=96)</i>	<i>11-15 year olds looked after (n=480)</i>	<i>11-15 year olds in the community</i>
Total difficulties	57	49	11
• Emotional symptoms	32	12	6
• Conduct problems	63	41	6
• Hyperactivity	31	7	1
• Peer problems	53	-	-
• Pro-social	47	-	-

As this table shows, the young people in our survey of residential homes were more likely to have clinically significant emotional and behavioural difficulties than young people of a similar age in Meltzer and colleagues' representative sample of looked after young people. This is to be expected, as the young people in their sample living in residential care were more likely to have mental health difficulties (68 per cent) than adolescents in the looked

<sup>14</sup> The study of looked after children used a range of diagnostic measures including the SDQ.

after population as a whole (49 per cent). An earlier study of children looked after in a single local authority reported that two-thirds of the local looked after population had a mental disorder, but among those in residential care this proportion rose to 96 per cent (McCann *et al.*, 1996). Another study of the mental health of children at the point of entry to care reported that half of those who entered residential care had elevated levels of depression (Dimegen, 1999). The reasons for the higher rates of mental health problems among young people in residential care in all of these studies, including our own, are likely to derive from the particular role that the residential sector now plays in the context of provision for looked after children. Following the reduction in the use of residential care since the 1980s, today it is principally used to care for the most challenging children in the looked after population (see Wade *et al.*, 1998). This has major implications for carers.

The above table also shows that nearly two-thirds of the sample had abnormal scores for conduct problems and over half of them had abnormal scores for peer problems. The proportion with conduct problems was very much higher than for the representative sample of looked after adolescents in the national study and over ten times as high as the figure for the wider population of 11-15 year olds. The young people were also more than four times as likely to have clinically significant scores for hyperactivity than the wider population of looked after young people, and more than 30 times more likely to do so than young people of a similar age in the wider population. They were also nearly three times as likely to have serious emotional problems than the wider looked after population and five times as likely to have these problems as other young people in the wider community. They are obviously a challenging group.

The only significant difference in SDQ scores between the four groups of homes in the study lay in relation to conduct disorder. On average, young people in the Group 2 homes had lower scores for conduct problems than those in the other three groups. Half of them had abnormal scores on this domain, compared to 70-75 per cent in each of the other three groups.<sup>15</sup>

Several gender differences in SDQ scores were observed. On average, boys were significantly more likely to have abnormal scores for total difficulties (64 per cent) than did girls (44 per cent). In particular, boys had higher (i.e. worse) mean scores for hyperactivity. However girls had significantly higher scores for emotional symptoms. These gender

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<sup>15</sup> Kruskal-Wallis test: conduct problems by homes group significant at  $p=.019$ . Fisher's Exact test: proportions with abnormal scores by homes group significant at  $p=.034$ .

differences were similar to those found in the national surveys by Meltzer and colleagues.<sup>16</sup> Finally, scores for peer problems were significantly worse for young people who had entered care for reasons of abuse or neglect compared with those who had entered for other reasons, although there were no differences in relation to SDQ total scores or the other domains.<sup>17</sup>

## **Family contact**

Three-quarters of the young people were in regular contact with one or both parents. Half of them saw a parent weekly and for 25 per cent parental contact was fortnightly to monthly. For 14 per cent, however, contact with parents occurred less frequently, at intervals of three months or more, and in eight per cent of cases there was only indirect contact with parents (by telephone, letter or text). A small group (11 per cent) had no parental contact at all. For the majority of these the purpose of their placement was long-term care and upbringing or preparation for independence, but for four of them these were emergency placements.

Virtually all of those in weekly contact with parents had unsupervised visits (64 per cent) or overnight stays (26 per cent), but for four young people (eight per cent of those in weekly contact) parental contact was supervised. Nearly three-quarters of those in fortnightly to monthly contact with parents, and two-thirds of those in contact at no more than three-monthly intervals, also had unsupervised visits or overnight stays at home, but a fifth of these groups had only supervised contact.

It is important to consider the quality of contact as well as its nature and frequency. Although the majority of the young people had regular contact with parents, interestingly, residential staff considered that the effect of this contact on the young people was mixed or poor in the majority of cases. In relation to those in contact with parents, residential workers rated the effect of contact as 'mainly positive' in only 33 per cent of cases and considered contact to have 'mixed' effects on over half (55 per cent) the young people. In 12 per cent of cases, they rated parental contact as 'mainly negative', but despite this all but two of this group (of 11 young people) were having weekly, unsupervised contact. Teenagers

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<sup>16</sup> Fisher's Exact test: abnormal scores for total difficulties by sex significant at  $p=.005$ . Mann-Whitney U test: scores for hyperactivity by sex significant at  $p=.032$  (mean scores were 5.7 for boys and 4.7 for girls). Mann-Whitney U test: emotional symptoms by sex significant at  $p=.044$  (mean scores were 4.3 for girls and 3.1 for boys). In this report, apart from probability values, statistics have been rounded to one decimal place.

<sup>17</sup> Mann-Whitney U test significant at  $p=.039$ . Mean scores for peer problems were 4.6 for those who entered for reasons of abuse or neglect and 3.8 for those who did not.

sometimes take matters into their own hands, which can be difficult to challenge (Sinclair *et al.*, 1995).

Over three-quarters (77 per cent) of the residents of the homes were in direct contact (in most cases unsupervised) with one or more siblings. A further eight per cent were in indirect contact. Over three-quarters (77 per cent) saw siblings at least monthly and 44 per cent saw them weekly. The effect of this contact on the young people was reported to be mainly positive in 44 per cent of case and mainly negative for only six per cent of the young people. For half of the young people the effect of contact with siblings was rated as mixed.

Over a quarter (29 per cent) of the young people were also in direct contact with members of their extended families. In all but one of these cases, where there was no parental figure in the young person's life, these young people were also in direct contact with their parents so they may have seen members of their wider family during the course of this contact.

## Education

### *Educational provision*

It is known that many young people living in residential homes have low educational attainment. The reasons for this are complex (Berridge *et al.*, 2008). Only 43 per cent of our sample were in mainstream education or at a further education college, as shown in Table 4.16.

**Table 4.16 Educational provision by group (n=109)**

<i>Educational provision</i>	<i>Group 1</i> (n=6) n (%)	<i>Group 2</i> (n=27) n (%)	<i>Group 3</i> (n=26) n (%)	<i>Comparison</i> (n=50) n (%)	<i>Total</i> (n=109) n (%)
Mainstream education	2 (33)	7 (26)	5 (19)	18 (36)	32 (29)
Further education college	0	5 (19)	8 (31)	3 (6)	16 (15)
Special school (day pupil)	0	5 (19)	3 (12)	12 (24)	20 (18)
Home/group tuition	1 (17)	3 (11)	3 (12)	6 (12)	13 (12)
Pupil referral unit	0	0	1 (4)	5 (10)	6 (6)
Provision within the residential home	1 (17)	1 (4)	0	3 (6)	5 (5)
No current provision	2 (33)	6 (22)	6 (23)	3 (6)	17 (16)

Some of those in mainstream schools were receiving additional educational support, including 19 (30 per cent) of those in mainstream education or a special school who received additional tuition. A further 18 per cent were attending special schools as day pupils. The remaining young people received different, specialised, educational provision in pupil referral units, within their residential home or in the form of specialist home/group tuition. In a few cases, young people were receiving tailored packages of educational provision comprising attendance at more than one educational or activity centre.

Seventeen young people had received no educational provision in the past six months, although 15 of these were age 16 years or over and were therefore close to, or beyond, compulsory school age. One was awaiting a move to a pupil referral unit but no information was provided regarding the others, so we do not know whether any of those beyond school leaving age were in training or employment.

### ***Results of Key Stage tests and GCSE examinations***

Information on the results of their most recent Key Stage test (SATs) was provided in relation to just over half (62) of the young people resident. Of these, 27 young people did not take these tests (ten of them had a Statement of SEN and four were asylum seekers). Test results were available for only 35 young people. Within this group only just over half of them (19) were reported to have achieved the expected result in most or all subjects. However, in 40 cases residential staff reported that they had no information on Key Stage test results, as shown in Table 4.17.



**Table 4.17 Results in Key Stage tests by group**

<i>Results in Key Stage Tests</i>	<i>Group 1</i> (n=3) n (%)	<i>Group 2</i> (n=10) n (%)	<i>Group 3</i> (n=3) n (%)	<i>Comparison</i> (n=19) n (%)	<i>Total</i> (n=102) n (%)
Achieved the expected level in all subjects	0	4 (15)	1 (4)	5 (11)	10 (29)
Achieved the expected level in most subjects	1 (14)	2 (8)	1 (4)	5 (11)	9 (26)
Achieved the expected level in few subjects	1 (14)	4 (15)	1 (4)	8 (18)	14 (40)
Took tests but passed none	0	0	1 (4)	1 (2)	2 (2)
Did not take these tests	2 (28)	7 (27)	10 (42)	8 (18)	27 (27)
No information on results	3 (43)	9 (35)	10 (42)	18 (40)	40 (40)

Responses to a question on GCSEs were received in relation to 45 young people old enough to have taken them. Of these, just five were reported to have taken one or more GCSE exams and one was about to sit these. One of the five had obtained five GCSEs grades at A-C, three obtained five GCSEs at grades A-G, and one had obtained less than five GCSE at grades A to G or a GNVQ. Among the group old enough to have taken GCSEs, staff reported that 19 (42 per cent) had not taken any of these examinations. Six of these had Statements of special educational needs and one was an asylum seeker, but it was unclear why others had not sat these examinations.

Residential workers reported that they had no information on any GCSE results in relation to the remaining 20 young people and, as Table 4.17 shows, nor did they have information on the results of Key Stage tests for 40 young people. We do not know whether this was because these young people had not sat these tests and exams, or because staff did not know their results. It is disconcerting that residential staff are frequently unaware of educational achievements, even though we suggested that this information could often be obtained from Virtual School Heads or local education support teams.

### ***School attendance***

Among the young people receiving education outside the residential home, over half were reported to attend irregularly or left without permission, as shown in Table 4.18. Although

the level of non-attendance was higher in the group of comparison homes, the difference was not significant.

**Table 4.18 School attendance by group**

<i>School attendance</i>	<i>Pilot homes</i> (n=42) n (%)	<i>Comparison</i> (n=44) n (%)	<i>Total</i> (n=86) n (%)
Does not attend regularly/leaves without permission	23 (55)	27 (61)	50 (58)
Attends regularly/does not leave without permission	19 (45)	17 (39)	36 (42)

### ***School exclusion***

The rate of short-term exclusion from school was high. A third of the young people in the Pilot homes and a similar proportion of the comparison group had been temporarily excluded from school during the past six months, as shown in Table 4.19.

**Table 4.19 Short-term exclusions in school by group**

<i>Temporary exclusions</i>	<i>Pilot homes</i> (n=42) n (%)	<i>Comparison</i> (n=43) n (%)	<i>Total</i> (n=85) n (%)
No temporary exclusions	27 (64)	29 (67)	56 (66)
One or more temporary exclusions	15 (36)	14 (33)	29 (34)

Five young people had been permanently excluded from school.

### ***Engagement with education***

Residential workers were asked about young people's attitudes to learning. They reported that only a quarter of the young people always tried to do their best but 59 per cent sometimes tried, as shown in Table 4.20.

**Table 4.20 'Try to do their best' by group**

<i>'Try to do their best'</i>	<i>Pilot homes</i> (n=50) n (%)	<i>Comparison</i> (n=48) n (%)	<i>Total</i> (n=98) n (%)
Always tries to do their best	15 (30)	9 (19)	24 (24)
Sometimes tries to do their best	27 (54)	31 (65)	58 (59)
Rarely tries to do their best	8 (16)	8 (17)	16 (16)

Motivation was mixed. There was no significant difference between the Pilot homes and the comparison homes in the proportion reported to be engaged at least to some extent in learning (that is, those who always, or sometimes, tried to do their best).

### **Young people attending the short-breaks/education units**

By their very nature, the three short-breaks/education units participating in the study looked after large numbers of young people, so it was not feasible to ask staff to complete survey questionnaires on all of these. We, therefore, asked them to complete questionnaires for the young people they were looking after on a single day to give some indication of their characteristics and circumstances, although of course this would not be a representative sample.

A total of 16 questionnaires were returned, most (12) of them from the two homes employing SPs. The Group 2 home returned more questionnaires (nine) than the Group 1 home. Four questionnaires were returned by the comparison home. Given the small numbers involved, this section will describe the 16 young people as a single group and will not attempt to compare those in Pilot and comparison homes.

All three homes provided a short-breaks service to disabled children and young people, but the Group 2 home also provided a residential learning programme. Four of the young people in this sample were being educated on this programme but the majority were receiving a short-breaks service. Half had been visiting the homes for up to two years and half for two to seven years.

All of these young people lived at home when not attending the units. All of them had a Statement of SEN and all attended special schools as day pupils. The majority (11) were

male and all but one of them was white. Their ages ranged from 9.5 to just under 18 years. Two-thirds (11) were age 15 years or over and over a third (six) were 17 years-old.

Most (11) of the young people were assessed as having multiple impairments, the most common being learning disabilities and autistic spectrum disorders (including one young person with Asperger's Syndrome), as shown in Table 4.21.

**Table 4.21 Special needs**

<i>Special needs</i>	Number
Autistic spectrum disorder	13
Moderate learning difficulty	6
Severe learning difficulty	2
Specific learning difficulty	2
Speech and language impairment	8
Behavioural difficulties	4
Visual impairment	1

All of these young people clearly had significant support needs. For example, five of those with autistic spectrum disorders had moderate or severe learning difficulties. All four young people attending the residential learning programme in one of the homes had an autistic spectrum disorder and one of these also had moderate learning difficulties. Most were accommodated under an agreed series of short-term placements, one was subject to a Care Order and two were on other (unspecified) orders.

The child with a Care Order was looked after due to abuse or neglect but most (12) were accommodated to provide support to parents with significant caring responsibilities due to their child's disability. However, two had become looked after because of their parents' disability and for one the reason was socially unacceptable behaviour.

## **Conclusion**

As we have seen, at the time of our survey there were a number of important differences in the profiles of the residents of the social pedagogy Pilot homes and the comparison homes. First, the young people in the Pilot homes were nearly one year older, on average, than those in the comparison homes. There were also key differences in patterns of entry to care, as shown in Table 4.22:

**Table 4.22 Patterns of entry to care**

	<i>Pilot homes</i>	<i>Comparison homes</i>
	%	%
Entered before age 11	25	45
Adolescent entrants	75	55
Entered due to abuse/neglect	34	54
Entered due to family dysfunction	43	20
In voluntary care (s.20)	65	47

The comparison homes were looking after a group of young people who were slightly younger, on average, were more likely to have entered care before they were 11 years-old, and more likely to have become looked after for reasons of abuse or neglect. Although a third of the young people in the Pilot homes had also entered care due to abuse or neglect, a higher proportion had entered because of family dysfunction. Unlike the comparison group, the majority of them were adolescent entrants to care and were in voluntary care rather than a care order. (Adolescents' experiences of abuse may not always be recognised [Rees *et al.*, 2010].) There were also differences in the profile of residents of the four groups of homes, as summarised below, although it should be noted that numbers were small within each group, of homes, particularly Group 1.

#### **Group 1: Three homes which already employed SPs before the Pilot**

Residents were:

- more likely to have entered care before age 11 (67 per cent) than after this age;
- equally likely to have entered care due to abuse/neglect (38 per cent) or family dysfunction or stress (37 per cent);
- more likely to be looked after long-term than short-term (mean 6 years);
- likely to have lived in this home for a shorter time (mean 10.1 months);
- likely to be placed in this home short-term for preparation for independence (50 per cent) or treatment (38 per cent);
- likely to have been in trouble with the police in past six months (50 per cent).

#### **Group 2: Seven homes to which SPs were employed during the Pilot**

Residents were:

- more likely to be adolescent entrants to care (71 per cent) than to enter before age 11;

- equally likely to enter care due to abuse/neglect (37 per cent) or family dysfunction (37 per cent);
- more likely to be looked after long term than short-term (mean 4.9 years);
- likely to have lived in this home for a longer time than Groups 2 and 3 (mean 15.5 months – similar to Group 4);
- likely to be placed in this home for long-term care (43 per cent – similar to Group 4);
- the least likely to have been in trouble with the police in past 6 months (19 per cent).

### **Group 3: Six homes to which SPs were linked in a consultancy/networking role**

Residents were:

- more likely to be adolescent entrants to care (89 per cent) than to enter before age 11;
- more likely to have entered care as a result of family dysfunction (48 per cent) and less likely due to abuse/neglect (22 per cent);
- more likely to be looked after for a shorter time (mean 2.3 years);
- likely to have lived in this home for a shorter time (mean 8.7 months);
- more likely to be placed in this home for short-term care (77 per cent) than long-term care;
- likely to have been in trouble with the police in past six months (59 per cent).

### **Group 4: 11 comparison homes**

Residents were:

- more likely to be adolescent entrants to care (55 per cent), but 45 per cent entered before age 11;
- more likely to enter care due to abuse/neglect (54 per cent) than family dysfunction (22 per cent);
- likely to be looked after long term (mean 4.6 years);
- likely to have lived in the home longer (mean 14.8 months – similar to Group 2);
- to be placed in this home for long-term care (47 per cent – similar to Group 2);
- the most likely to be in trouble with the police in past six months (72 per cent).

There were some similarities between the homes in Groups 2 and 4, as they appeared to be looking after a somewhat more settled group of young people (although this may not have been true for all homes and all residents in these two groups). However, young people in the Group 4 homes were more likely than those in the Group 2 homes to have become looked after due to abuse or neglect, to have entered care before the age of 11 and to have recently been in trouble with the police.

In contrast, Group 3 homes appeared to be providing shorter-term placements to a group composed principally of adolescent entrants to care who had been placed in an emergency or for assessment, preparation for return home or for another placement. Residents of Group 3 homes were more likely to have entered care due to family dysfunction or because their families were in acute stress than for other reasons.

The residents of the Group 1 homes included the highest proportion of young people who had entered care before the age of 11 years. They had been in these homes for a fairly short time and were placed there, in most cases, for relatively short-term care.

We will take account of the broad profiles of the residents in the four groups of homes when analysing data on outcomes for young people. However, it is important to note that the patterns outlined above describe the most common histories and circumstances for the young people in each group of homes as a whole, but of course some young people in the same group, or in certain homes within a group, may have a different profile.

### **Summary points**

- The young people living in the social pedagogy Pilot homes were slightly older (mean age of 16 years), on average, than those in the comparison homes (mean age 15.2 years).
- Significantly fewer residents in the Pilot homes had been assessed as having special educational needs.
- On average, young people in the social pedagogy homes had been roughly two years older at entry to care (13 years) than those in the comparison group (just under 11 years), and included a higher proportion of adolescent entrants to care (75 per cent, compared to 55 per cent of those in comparison homes).
- Over half of the residents of the comparison homes had had entered care for reasons of abuse or neglect, compared with just under a third of those in Pilot homes (who were more than twice as likely as those in the comparison homes to have entered care due to family dysfunction).
- The principal purpose of the current placement was more likely to be long-term care for those in Group 2 and Group 4 homes. Residents of Group 1 and 3 homes were more likely to be placed short-term. In preparation for another placement, independence or reunification.

- The residents of Pilot and comparison homes Groups were generally well-matched in terms of emotional and behavioural difficulties, but those in the comparison group were more likely to have received a reprimand, final warning or conviction and demonstrate behaviour problems at school during the previous six months.
- Over half (55 per cent) of the young people had scores on the SDQ indicating clinically significant emotional and behavioural difficulties. The only difference between the Groups was that, on average, residents of the Group 2 homes had lower scores for conduct problems than those in the other three groups.
- Three-quarters of the young people were in regular contact with one or both parents. However, residential workers rated the effect of contact as 'mainly negative' or 'mixed' in two-thirds of cases.
- Less than half of the young people were receiving mainstream educational provision at school or a further education college; a further 18 per cent were attending day special schools. There were no significant differences between the groups in the proportions receiving different types of provision, or in relation to school attendance and attitudes to learning.



## **5. Interviews with senior managers**

An important task for researchers was to understand how the social pedagogy Pilot fitted in with agencies' wider activities. Telephone interviews were carried out with 16 senior managers at baseline - 'Time 1' - and the study team re-interviewed the nine senior managers in the Intensive Sample areas for an update at 'Time 2'. Senior managers came from local authorities and the private and voluntary sectors; they were the individuals with line-management responsibility for the heads of homes involved in the Pilot. Part 1 of this chapter analyses the interviews undertaken at 'Time 1' in the early stages of the project when many SPs had recently been recruited; Part 2 explores the follow-up phase ('Time 2'). By this time all of the SPs in the study had been recruited and had been in post for at least a year in over half of agencies where we interviewed managers.

### **Part 1 – Senior managers' views at 'Time 1'**

At 'Time 1', telephone interviews were carried out with 16 external senior managers. These managers were from 11 local authorities, three voluntary organisations and two private organisations, with responsibility for 23 homes in the Pilot (including comparison homes). The aim of these interviews was to obtain an overview of the Pilot homes and potential comparison homes, and to help with Intensive Sample selection. We also wanted to find out their views on the potential contribution of the social pedagogy approach, how the Pilot had been progressing and the budgetary implications of introducing social pedagogy. The interviews comprised a combination of structured, pre-coded questions as well as more open, qualitative comments.

### **Reasons for becoming involved in the Pilot**

The social pedagogy approach was not new to the senior managers and a number revealed longstanding awareness and interest. For example, one manager had been aware of social pedagogy for 15-20 years and another commented that other senior staff had been interested in it since the 1980s. Other managers had previously been aware of social pedagogy through their involvement with the National Children's Bureau's *National Centre for Excellence in Residential Child Care* (NCERCC) or through contact with SPs in England. Indeed one home had provided placements for social pedagogy students from Denmark. Two organisations also employed SPs in homes within their organisation but not participating in the DfE Pilot. This interest in social pedagogy had led several senior managers or their colleagues to visit other European countries to find out more about the subject. Overall, therefore, it appeared that there was a considerable amount of interest in,

and awareness, of social pedagogy on the part of the senior managers and organisations prior to the start of the Pilot.

The managers gave various reasons for wanting to introduce social pedagogy, many of which related to identified problems in the current system. Several managers commented on the low status of residential child care work and hoped that social pedagogy would improve the status of this area of work. Managers were keen to develop the workforce, give people skills and gain 'added value'. Other managers identified systemic problems which they hoped social pedagogy would help to address. For example one manager said introducing social pedagogy was an attempt to:

*break out of this overly bureaucratic system which is largely governed by rules, regulations and inspections, where you can't actually actively involve yourselves in the lives of young people as much as you might want.*

Similarly, another manager saw its value in addressing an embedded 'risk-averse culture' in children's residential homes.

There were several aspects of the social pedagogic approach that were seen as potentially helpful. The scope for improved outcomes for young people was highlighted. The approach was seen as consistent with the aim of helping young people to '*develop as rounded individuals who can move to successful adulthood*'. Social pedagogy was considered to be an holistic, participative approach which was beneficial to group living. One manager commented that social pedagogy was close to the therapeutic principles used in their organisation. Several managers cited potential improvements in practice to be gained from introducing social pedagogy. One said that SPs have better emotional self-management and are able to use their skills and training in practice. Other managers considered that social pedagogy as an academic discipline would be helpful, providing '*academic rigour*' and a '*framework to hang practice on*'.

### **The homes before the Pilot**

The managers were asked how the homes involved in the Pilot were working before the SPs were employed. Eight of the 16 homes were considered to have been working very well, four homes were considered to be working quite well and three homes were not considered to be working very well. One further home was new and had not been open before the SPs arrived.

Several of the managers who said that the homes in their organisations were functioning well mentioned good or outstanding OFSTED reports. Homes that were considered to be doing well had good heads of homes and achieved placement stability for young people. Homes that were considered less effective were, for example, not achieving good outcomes for young people; not helping young people maximise education opportunities; or had staffing problems and concerns about the quality of the practice in the home. Interestingly, some homes had undergone periods of change prior to the start of the Pilot. One home had opened only nine months beforehand and had experienced some initial instability because the home was new. Another home's remit as an emergency admissions unit was being reconsidered as it was not solely being used for emergency placements. One home had moved location as the previous building, which was inherited from another home, was considered unsuitable.

### **Introducing social pedagogy: initial experiences**

In interviews with senior managers, researchers asked a general question about the home's initial experiences of introducing social pedagogy. Overall, the majority of senior managers (12) were rated as being positive about the introduction of social pedagogy with only three giving negative replies. Some managers said that they had seen fewer problems than expected in the initial stages but many remarked that the differences between the 'in care' populations in England and other European countries had serious implications for the Pilot programme. In the few cases where managers felt that SPs were not working well in the home, they highlighted a mismatch in the expectations held by residential managers and SPs about what the role should entail.

Some managers were especially positive about the SPs' participation in the home. For example, one said that the Pilot had been successful:

*... in terms of people being open to the ideas and wanting to learn and the social pedagogues themselves being very mindful of their impact and being respectful. That's gone extremely well ...*

Another manager heard positive comments about the SPs:

*... how confident they are as practitioners. But also how able they are to confront the young person with the effects, outcomes of their behaviour.*

Managers who were positive about the programme overall highlighted their experience of seeing the SPs making a difference in the home and the agency. For example one manager

from a Group 3 home said that SPs were planning to run a youth club for all the young people in residential care in the area, and managers at another home observed that SPs had helped to make a change in the way residential workers viewed their own role:

*rather than ... make arrangements for a particular child to go off and do something by themselves, we've had child and worker go together ... using ... a game together so actually have dialogue about what's going on in that child's life, what went on before ... and helping that child to make sense of those events and take control ... rather than having workers who are just there to make sure that the young person is well-fed, well-clothed, gets to the appointment, actually spends time doing things with them.*

A manager remarked that, in spite of some concerns about the programme, the initial period had gone extremely well:

*I felt the staff might interpret it as foreigners coming in telling them how to do their job ... they're getting paid quite a bit higher than the residential child care workers. But there hasn't been any of that, there hasn't been any resentment, there's been a real openness amongst our staff to try new things. I guess that's partly because of the approach of the pedagogues, they've been very open and very warm towards staff. So it all got off to an extremely good start.*

However, for some managers the introduction of the new role had been disappointing; one interviewee referred to serious difficulties in integrating the new workers:

*They've found it challenging and we've found it challenging having them ... I think they've probably come with a set of expectations, where they would be coming over here to be ... far less hands-on than we had expected, so there was a different view. So they're coming here ... thinking that they were going to set up tutorials, they're going to do a lot of research, whereas we wanted someone who would be far more hands-on and involved with the staff and the young people.*

Several managers, including those who had on the whole been positive about the Pilot, commented on the different kinds of young people living in children's homes in England and Germany or Denmark. One interviewee said:

*... I think the nature of the young people we deal with was a little bit of a shock to their system ... the young people that they look after in Germany [in] residential care are very different to the young people that we look after in residential care in the UK; so our young people are a lot more challenging, a lot more demanding.*

In another agency, the differences between residential care in Germany and England were viewed as very relevant to the resignation of one of the SPs and to the SPs' ability to use their training in the English setting:

*... we only use residential childcare for high level tier three, tier four children [children with high level needs] ... for the person who resigned he found that quite difficult to get his head round; the fact that that's the way we approach things, and he felt that skewed rather the ability to do some of the work the social pedagogue was designed to do.*

Taking this point further, one manager viewed fundamental differences in the way that German and English young people in care respond to adults. Speaking about the SPs, he asserted that:

*... they're used to working with children who want to work with them; we work with children who are oppositional, defiant, disorders, attachment disorders, traumatised, who often are trying to reject us. And they've found that very difficult to bring in social pedagogy thinking...what they've actually said is that most of the children that we're looking after [in this home], in Germany would be in secure units or mental health institutes, they're not the type of children that would be in residential care in Germany.*

This difference in the kinds of young people being cared for in homes in England, Germany and Denmark is an important consideration for anyone attempting to develop social pedagogy in England (see Chapter 1). The issue was raised by six managers in the Pilot and it was viewed as having an impact on the experiences of homes in the study. We return to this issue later.

### **Recruiting SPs**

At the time of the interview all of the agencies had recruited SPs by working in partnership with the employment agency engaged for the purposes of the Pilot (Jacaranda). Agencies' experiences of recruitment were generally positive with three local authorities describing the recruitment process in *very positive* terms according to the researcher's rating. Recruitment was rated as *quite positive* in eight cases, *quite negative* on two occasions and *very negative* in one case. (Researchers gave a rating on a 3-point scale of senior managers' qualitative responses.) A clear rating was not possible in two cases. Where local authorities expressed difficulties in the recruitment process, this was thought to be due to ways of working within their own agencies or problems involved in working with Jacaranda.

Many managers were pleased with the process of recruitment. One manager described it as running '*extremely smoothly*' and another said '*it was very well managed*'. Managers praised Jacaranda for the effective process and they also identified aspects of their own agencies' practices which had been successful. Preparation for recruitment with agencies anticipating the needs of potential recruits was thought to be a crucial part of the success. In

an agency where things went well, the local authority had made special efforts to introduce candidates to the home and the local area.

Where managers were critical about the recruitment process, they invariably mentioned delays. In some cases, delay was caused by agencies needing to run their own processes for recruitment alongside Jacaranda's. Remarking on the long delays in recruitment, one manager said:

*... I think there's our internal mechanisms and systems which are not particularly finely tuned for the recruitment of people from European countries, so there was some bits around that time-consuming process around CRB clearances. ... So that's delayed processes, then there was also all the stuff that we had to do around job evaluation, which basically required us to create some posts, write job specs ... get them job evaluated, make them fit the suitable grade ...*

In many areas, recruitment of the required number of SPs was completed only after several rounds of recruitment: in one area the agency was taken through four rounds of recruitment before they found suitable candidates. In another area, which had needed two recruitment rounds, the manager made the following observation about the people interviewed in the first round '*... some clearly had been out of practice or had not practised for quite some time.*'

### **Settling-in and induction**

SPs' settling-in and induction were described in *very positive* terms by seven of the 16 senior managers, *quite positively* by six senior managers and *negatively* by only two senior managers. In one case there was insufficient information to form a clear rating. Managers highlighted the importance of anticipating the needs of the SPs, allowing space and time for mutual support. They also highlighted the SPs' own role in the settling-in process. Some managers said that they had allowed extra time for the induction of SPs compared with staff more used to working in the UK.

In one home, although the first SP had had some difficulties settling-in, the senior manager said that the second and third SPs had integrated well and that this was due, to a great extent, to them drawing on the support and experience of the first SP.

Where SPs settled-in well, this was the result of agencies making special efforts to integrate the new workers into the area and the staff team. It is clear that much effort was made to this end. For example, one manager observed:

*... we'd thought long and hard about how to do that and the current situation appears to be, they are very well integrated in the team. I don't get any sense of concern from either side, from existing staff and the two who are there, when I meet them they're very relaxed and in tune and there hasn't been an issue.*

One local authority praised Jacaranda for its support to SPs and homes with practical issues such as housing, bank accounts and their week-long induction course. They were also aware of the mutual support offered amongst SPs, which they saw as an important aspect of the process. In another area the manager described one SP's difficulty in settling-in which was contrasted to the other SP in the area. She said:

*He's really enjoying it and he's fitted in very well, and because he's upbeat and he's got a better relationship with the kids, and he's doing extremely well.*

This senior manager saw the personality of the SP as the most significant influence on their ability to settle into the role and living in a new country. A few senior managers highlighted that SPs needed more time than other workers to go through the induction process, for example: one manager said about the agency:

*We treated them in cotton wool because we wanted it to work, we knew that the first three months in a foreign country for [the SP] was going to be difficult, she was living on her own away from home...*

another suggested that one SP's induction should be longer:

*... in recognition of the fact that she hasn't worked in a local authority, she hasn't worked in children's homes and she hasn't worked in the UK.*

### **Reactions of young people to SPs**

We now consider senior managers' accounts of the reactions of young people to newly appointed SPs in 16 of the Pilot agencies. On five occasions, interviewees described relationships that were *very positive* and the majority of managers (eight) were rated as *quite positive* about the young people's reactions to SPs. In two agencies, young people were considered to have a *quite negative* response to the SPs.

Very positive aspects of relationships between young people and SPs were highlighted by a number of senior managers who saw the SPs' relationships develop with the young people. In some homes, the young people seemed to get on well with SPs, developing relationships which were similar to their relationships with other residential workers.

*I can't recall anything that was out of the ordinary ... I think they got tested and they got rejected and they got taken on. And some children liked them and others said they'd never like them in the whole wide-world and within two weeks they're going on holiday with them, the usual really.*

Speaking about a particular young person, one manager observed:

*Well I think he just sees [the SPs] as staff members, and treats them like he treats the rest of the staff, when he's negative with everybody he's negative with them. But by and large he gets on fine with them.*

In relation to other homes, the senior manager said that young people seemed to develop different kinds of relationships with SPs compared with other residential workers. These kinds of relationships were valued by home staff:

*[the SP was not someone] who would back-off from the young people...[she was] getting them to think, if you do this ... that might happen ... confronting that young person with a consequence and outcomes, and sitting with that young person and getting them to think that through. They still might [be sworn at] at the end of the day. That's young people for you.*

In several homes, an initial negative reaction by young people was turned around. For example, while acknowledging that the German backgrounds of the SPs had once been a barrier to the relationships between young people and the new staff, one manager was pleased to see that the issue was no longer predominant in the home:

*About the first four or five months there has been some racism towards them [SPs], because of them being German; that has now changed and I think that's because [the young people] got to know ... [the SPs] ... as individuals and built a relationship with them.*

Managers in two agencies spoke about more complex relationships between young people in the home and the new staff. In particular, one senior manager saw the ability to build relationships with the young people as very much connected to the personalities of the SPs. She contrasted the work of two SPs - one who was getting on very well with young people and the other who had not been successful in building a good rapport.

Some senior managers identified a lack of skills in working with young people as a reason for SPs' failure to develop good relationships with residents. In a description of one home, a manager said:



*... they have tested her out, and she was perhaps not quite as well equipped to deal with some of that as she might have been.*

In one area, this was expressed even more strongly where the manager believed that staff saw the SPs as individuals who were afraid of the young people:

*... because of some of the staff to see...their fear of dealing with the more challenging kids ... they see the pedagogues as rather sitting in the office and staying out of any difficulties, so they don't see them [SPs] backing them up.*

In another setting, other staff members felt obliged to protect the SP from a number of difficult exchanges with the young people:

*My experience ... is that she needed to quite often be supported or perhaps even maybe for the staff team ... bailing her out of difficult situations.*

### **Reactions of staff to SPs**

Managers were asked to describe the reactions of other residential care staff to working alongside the SPs. Staff reactions to the SPs were rated *very* or *quite positive* in 14 out of 16 interviews with senior managers with just two senior managers being rated as either *quite* or *very negative*. There were many examples of staff valuing the role of SPs in the home. In one agency, the senior manager relayed feedback from a home manager concerning a difficult situation in the home.

*... I said to her, 'How did the pedagogues cope?'... she said, 'I'd have a room full of them ... because they didn't immediately turn around like headless chickens, they used all their skills, they negotiated, they tried to keep things calm' ... Some of my other staff, I really don't think have the emotional resilience to continue working with these children, and they're experienced people, but the pedagogues did better than my own experienced staff.*

Another manager observed how the SPs had settled into the staff team. He described relationships with other home staff as *'really positive, a little bit of trepidation, anticipation, anxiety before.'*

However, several managers could identify difficulties in relationships between SPs and other residential care workers. The issues mentioned were: the SP role; SPs lacking the necessary skills to work with young people; and in one home the introduction of social pedagogy in the context of historical disagreements between residential care and senior managers in children's services.

The most negative response to the new staff members came from one agency where the employment of SPs had led to several grievances being lodged by members of staff. The respondent explained how historical disagreements between residential care staff and senior managers had been aggravated by the arrival of the SPs. The manager clearly saw these complaints as the result of the existence of difficult relationships between senior managers and residential care staff rather than being a reflection of the skills or abilities of SPs. Describing the grievances as 'almost racist', the manager explained that they were dealt with in a strict manner and the vast majority of the complaints not upheld.

In a less extreme case, differences in the approaches of SPs and residential social workers to the work were a source of contention at the beginning of the Pilot. However, over the course of a few months, the senior manager was able to observe the team developing a way of discussing differences in a way which supported the learning of both parties:

*... from the staffing perspective they might have started off saying, 'Well we don't do that round here' but now if I go into a team meeting I see a much more positive interchange and good constructive debate around how different people, cultures, professions might deal with something, and that's been really positive.*

According to the accounts of a few senior managers, SPs were perceived as a threat by some residential care staff. Describing the response of junior staff, one manager said:

*I think they've rather seen them [SPs] as coming here to tell them how it's done and show them how it's going to be done, and I don't mean that in a positive way ...*

And in the words of another senior manager:

*... in residential child care there's a danger sometimes of people think that all the expertise lies outside rather than within them. So in this particular case I think there's been, it's been a slow process and of course hasn't been helped by one of them resigning ...*

The threat felt by some residential staff may be a response to the low status afforded to residential social work in England.

In one home there seemed to be a clash between SPs and other staff about the expectations of the role. One manager relayed the disappointment amongst residential staff that SPs were not more 'hands on' in their care of young people. In another area, where

things had not gone well, the home manager felt that the SP saw himself as a mentor rather than a member of staff.

### ***Awareness of social pedagogy in the local area***

Where senior managers felt able to comment, researchers rated positively their views of the awareness and reactions of other professionals to SPs (ten cases *very* or *quite positive*). There were no negative ratings in this category but there was not enough information to provide a researcher rating in six cases. In several interviews senior managers said that the SPs had successfully worked with the other professionals. The absence of complaints or concerns by outside agencies was viewed by some managers as a sign of success in this area. (Social workers' perspectives of the social pedagogy Pilot are discussed in Chapter 10.)

In one agency, where SPs had attended a meeting with social workers, there was a very positive response to the Pilot and to the SP role. The manager stated:

*The professional feedback is it's great that we finally have some professional staff working with our children.*

In another agency, SPs were praised for suggesting a new way of working with a school. The new approach was very successful and led to the idea that it should be used with other young people living in the agency's accommodation.

Within one local authority, there had been much interest and enthusiasm about social pedagogy at a higher level; however, there seemed to be unrealistic expectations about what social pedagogy might achieve for the agency. The senior manager had taken on the role of trying to manage these expectations. She said:

*This is not about, give us six months and we'll completely transform the homes, this is more about adding value which will only be added ... after a longer period.*

In one area, the new role of SP had had an unanticipated positive effect on relationships between staff in children's homes and children's social workers. Historically, there had been some tensions between the two services and the introduction of the new role provided an opportunity for social workers to re-engage with children's residential care.

*Senior managers ... really saw it as a positive thing ... a real plus for [the agency] to be part of the Pilot and to be at the cutting-edge of developing new residential children's services. The pedagogues have gone out and done networking with*

*social work teams, and that's been very positive ... we inherited a lot of tensions between fieldwork social workers and residential social workers ... there was a lot of tension between the two, and I think the social workers are seeing it as ... a new beginning ... a way of the children's homes reflecting and developing new practice.*

### **Local experience of social pedagogy**

Overall, managers expressed that social pedagogy had fitted-in with local and agency policies and was in line with what they were trying to achieve:

*I think it's a good model, I think it does fit with what we're trying to do.*

*Oh absolutely, I think the fit is perfect for us, I think it's 10 out of 10.*

*We shared some underlying principles anyway, so it wasn't going to be a major culture shift.*

Furthermore, some managers said that, as well as fitting-in with the approach of the home, social pedagogy had enhanced their work:

*It's helped us to continue what we were doing but maybe do it even more.*

*As I say I think their practice was very good before we started, therefore it's enhanced that.*

*I think we always did activities for the children, but I think the people actually thinking that these activities have a meaning other than just having fun [laughs], I think that idea is just beginning to get embedded, so that's good.*

We asked the managers about specific aspects of the social pedagogy approach and whether these had fitted-in with local policies. Following these discussions, the researchers then rated on a 3-point scale how well different aspects of social pedagogy had fitted-in (Table 5.1).

**Table 5.1 Researcher ratings of the extent to which aspects of social pedagogy had fitted in with local policies**

	<i>Fitted-in very well</i>	<i>Fitted-in quite well</i>	<i>Not fitted-in very well</i>	<i>Insufficient information</i>
	Number of homes			
Relationships and interaction with young people	13	2	0	1
Attitudes to risk and safety	10	5	0	1
Physical contact	11	3	1	1
Record-keeping	11	2	1	2
Local priorities and targets	12	4	0	0
Requirements of OFSTED inspections	13	1	0	2
Other 'Minimum Standards' requirements	13	0	0	3

The researchers considered that in 13 homes the social pedagogy approach to *relationships and interaction with young people* had fitted-in very well, whereas in a further two homes the approach was considered to have fitted-in quite well. There was insufficient information given to make a rating for the final home.

Concerning *attitudes to risk and safety*, it appeared that the approach of the SPs had fitted-in very well in ten homes and quite well in five homes. Again there was insufficient information given to make a rating for a final home. One manager highlighted the congruence between the approach of the home and the social pedagogy approach to risk and safety:

*No, because we don't buy into the whole risk culture [laughs] we never have done, if our children can't take risk they're never going to learn, and there again it's very similar to a social pedagogy way of thinking.*

However, some managers emphasised that there were differences between the social pedagogy approach to risk and safety and local policies. In particular, these managers felt that the SPs were less risk-averse:

*I've been out to Germany to spend a week in various children's homes there ... so those are the tensions that obviously, in particular, the German social pedagogues ... are really quite alarmed when they come over here and see this, as you say, the level of our aversion to risk.*

*We obviously stop the things before they escalate ... and some of that we have to do that because we've got a particular situation whereby, if one of the young people complains about another young person bullying him, bullying her, so we have to stop that before it escalates. Whereas I think a pedagogue approach might encourage that to run its course and let them sort it between themselves, but we're not actually in a position to do that.*

One manager commented that the home in their organisation had a very difficult group of young people and the SPs felt that the staff group were far less direct in terms of physical intervention than they would tend to be:

*We were always concerned that we're working within a general expectation that any form of physical intervention for management reasons we do our damndest to avoid with staff, they [the SPs] seem to be far more upfront about if we need to we will do.*

Interestingly, one manager commented that if there were differences between the social pedagogy approach and local policies in relation to risk and safety, then it was the local policies that needed to change.

We asked managers how the social pedagogy approach to *physical contact* fitted-in with local policies. The researchers considered that in 11 homes the social pedagogy approach fitted-in very well, in three homes it fitted-in quite well and in one home it did not fit in very well. In one further home there was not enough information given to make a rating. Many of the managers commented that the homes already encouraged appropriate physical contact if it was what the child or young person needed:

*I have to say that we've always hugged our children ... some of our children don't have anywhere else apart from us so they would grow up with never being hugged if we didn't do it [laughs]. So we've always had, we do have appropriate touch policy, but it's fairly literally hands-on.*

As indicated above, there was one home where the social pedagogy approach differed from the local policy on physical contact. The manager explained that they had strict guidance on physical contact but that in some European countries it was culturally more acceptable to have physical contact with each other.

With regard to *record-keeping*, the researchers considered that in 11 homes the social pedagogy approach had fitted-in very well, in two homes it fitted-in quite well and in one home it did not fit very well. In two further homes there was not enough information given to

make a rating. It appeared that, generally, the SPs were able to keep records in the way that the homes expected despite this being different from perhaps what they were used to:

*they also said that there's far more paperwork and policies than they have been used to, but that having been said doesn't seem ... they follow the systems that we're using so ...*

In one home they used a recording system from Sweden which complemented the social pedagogy approach.

We discussed with the managers how well the social pedagogy approach fitted-in with *local priorities and targets*. The approach appeared to fit in very well in 12 homes and quite well in four homes. However, one manager did comment that, conversely, it could be the local policies which might inhibit a social pedagogic approach:

*I think it's highlighted that we have certain barriers that might make it very difficult to have a social pedagogic approach, and the whole procedures and policies and endless form-filling and OFSTED regulations ...*

Generally managers confirmed that there were no problems with the social pedagogy approach fitting-in with OFSTED requirements and the National Minimum Standards.

### **Senior managers' assessments of homes in the study**

Senior managers were asked to assess the performance of each home in the study against four criteria. This was useful in order to judge the starting point of homes when we consider the impact of social pedagogy. It also informed our choice of homes for the Intensive Sample. Tables 5.2 to 5.5 show similarities and differences in the ratings given for homes in each of the four study groups. Most senior managers rated the '*quality of care*' in the home in the highest category. In Group 4 homes (comparisons), six out of seven homes were rated as '*above average*' compared with two out of three homes in Group 1, six out of seven homes in Group 2 and five out of six homes in Group 3 (See Table 5.2).

**Table 5.2 Senior managers' ratings 1: 'The quality of care provided to young people in the home and its impact on outcomes for young people'**

	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>Group 4</i>
	Number of homes			
Above average	2	6	5	6
Average	1	1	1	1
Below average	0	0	0	0
No information	1	1	0	5
Total	4	8	6	12

Managers also considered the ability of the staff teams to work together (Table 5.3). Group 3 homes were considered to work well together most successfully with five of the six homes rated as '*above average*'. Comparison homes were also rated well with five out of the seven comparison homes rated as '*above average*' in this category. However, one comparison home was given the unusual '*below average*' rating for how the team worked together.

**Table 5.3 Senior managers' ratings 2: 'Staff coherence in the home – that is, how well the staff team works together as a group?'**

	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>Group 4</i>
	Number of homes			
Above average	2	5	5	5
Average	1	2	1	1
Below average	0	0	0	1
No information	1	1	0	5
Total	4	8	6	12

Table 5.4 shows the senior manager ratings for the quality of leadership in each of the four study groups. Comparison groups were rated highly with six of the seven homes which were rated being placed in the '*above average*' category. All the participating Group 1 homes were rated as having an '*above average*' leadership.



**Table 5.4 Senior managers' ratings 3: 'The quality of the leadership provided by the head of home'**

	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>Group 4</i>
	Number of homes			
Above average	3	5	5	6
Average	0	2	1	1
Below average	0	0	0	0
No information	1	1	0	5
Total	4	8	6	12

Senior managers were also asked to consider how well each home worked overall. Table 5.5 shows that Group 4 homes were rated highest in this category with eight of the nine homes rated as 'above average'. The majority of all homes were rated as above average, with only three homes - one in Groups 1, 3 and 4 - being rated as average and no homes in the below average band.

**Table 5.5 Senior managers' ratings 4: 'The way that the home operates overall'**

	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>Group 4</i>
	Number of homes			
Above average	2	6	6	8
Average	1	1	0	1
Below average	0	0	0	0
No information	1	1	0	3
Total	4	8	6	12

### Conclusion to Part 1

Interestingly then, external senior managers were positive about the standard of care practised in these residential homes. It could be argued that managers were being optimistic, especially at the outset of the research; or that agencies may have been reluctant to propose weaker homes for a high profile, national government Pilot. However, we have no reason to disbelieve them.

At 'Time 1' managers identified a range of potential benefits of introducing social pedagogy, including raising the status of residential child care work and addressing systemic problems

within the agencies. Many of the managers had an interest in social pedagogy that had begun before the Pilot and several had travelled elsewhere to view it in person.

Overall, managers were positive about their early experiences in the Pilot and some remarked that they had witnessed fewer difficulties than anticipated. Furthermore, some managers were already able to describe improvements in ways of working which had been instigated by SPs. However some negative experiences were also expressed, with a few senior managers identifying problems with the recruitment and incorporation of the new members of staff.

## **Part 2 - Senior managers' perceptions of the Pilot at 'Time 2'**

In the first part of this chapter we examined the opinions and main concerns held by senior managers in the study after the initial recruitment phase of the Pilot. This next part analyses the follow-up interviews with nine senior managers from the Intensive Sample areas. The second interviews were conducted 4-9 months after the first interview when the first SP had been in post for about a year in five agencies. At this stage of the research, we asked managers for an update on how the SPs had settled-in and whether or not they were able to work in a way which was recognisably different from the other residential workers in the home. The responses from senior managers were mixed with a variety of contextual factors seen as influencing the success (or otherwise) of the SPs in post.

### **The perceived impact of social pedagogy**

#### ***The implementation of social pedagogy***

In the first interviews with senior managers they reflected on the initial experiences of introducing social pedagogy. At that time, there had been positive experiences with changes in a number of agencies already being observed, but there were also a number of problems. The second interviews with senior managers revealed further examples of the progress of implementation.

Many senior managers believed that there had been improvements in the quality of care in the home since the SPs began. For example, in one home, the SPs were perceived as working very hard to engage the young people, to talk to them and take part in constructive activities with them such as practical projects. Another manager said that young people '*get a lot more out of their experience at [the home]*' because the SPs were keen to engage the young people in activities. More specifically, this home frequently worked with residents on creative projects:

*... when I walk in that home, the difference for me is very much, I quite often walk in and they're sat playing a game round a table, or there are pictures on the walls, the stuff that the young people have done, I'm forever wandering round saying, 'oh let me look at your artwork'. That is different, and that's visibly and tangibly different for me walking in that place.*

Additionally, almost half of senior managers had noted changes in practice in homes. In one home a SP supported a successful life-skills programme, making sure that sessions occurred regularly. In another home, the work of the SPs had led the home to focus more on promoting the personal development of young people and extending their potential:

*It's that being proactive bit that has really come out and being able to think laterally and think about the unachievable and trying to achieve that, rather than just sort of sitting back and letting other professionals make the decisions.*

Social pedagogy had influenced practice in a different way in one home. This home had changed the focus of its work whilst the SPs had been in post and the senior manager considered that social pedagogy had informed their thinking about these changes. Giving just one example of this, the manager examined the changes made to the keyworker role:

*The role of the keyworker has changed and I think this is where it really builds on the pedagogy principle, in that they are involved in working with, discussing with that young person what outcomes they need, what piece of work they need to do, what areas of their life they need to work on. So it might be around managing budgets and finances, it might be getting a job, it might be ensuring they're secured in some sort of health provision, it might be a bit of everything, but a very, in a way more intense relationship and that keyworker is responsible for ensuring we actually all do our bit in making that happen. So the principle that actually it's the person, the staff in the home who can take the lead over and above the social worker in a way.*

Implementing social pedagogy had also led to specific changes in the way that *other* staff in a few of the homes worked. The presence of the SPs had been described as motivating for staff in one home and had made them willing to be more active and get involved in projects. For one senior manager, the presence of the SPs had helped other staff to think reflectively about young people's behaviour and the home had been able to create additional time in the team meeting to allow for that to happen.

Examples of changes in the practice of other staff were particularly evident in a Group 3 home where an SP had taken on a consultant role. In this home the SP had focused on developing the understanding and practice of other staff in relation to social pedagogy. The home had held a team day where the staff had explored concepts such as shared living

space and the 'common third'. The senior manager considered that there was now a narrower difference between the way the SP works and the way that the other staff function:

*He's encouraged people to think outside the box really and also to allow young people to have more freedom to make choices and to make choices perhaps that they wouldn't have been allowed to make previously, because people perhaps thought it was too risky or that young people wouldn't make appropriate choices ... he's encouraged staff to be more creative ... and to trust more.*

In the first interviews with senior managers, they were mostly positive about the relationships the newly recruited SPs had with young people. The second interviews gave further information on these relationships now that the SPs had been in post for a while. The managers illustrated how SPs often had positive relationships with the young people. For one SP, her manner of interacting with the young people meant that they were more receptive and challenging situations were less likely to escalate. Other SPs found it easy to establish relationships with young people and one manager was particularly positive:

*They bring ... an authoritative calmness to interactions and being with, very confident in their relationships and interactions with young people, even with the cultural/ language difficulties that there are sometimes.*

The implementation of social pedagogy had not been a success in every home. A few of the senior managers held the view that there had not been any changes since the SPs began or that there was a lack of work done by the SPs. One senior manager said that it was difficult to see any 'visible impact' of the SPs' work. Another manager remarked that practice had not changed in the home and that the SPs had not done any significant pieces of direct work with the young people. In another home the SPs initially had difficulties coping with the challenging young people that the home worked with.

For a few of the SPs there were problems with their relationships and interactions with young people. For example one of the SPs had an approach which could 'get people's backs up' and would not always step back from a young person at the right time to allow them to calm down. Another SP struggled with forming relationships with young people and the home had to work with the SP on how they were being perceived. There were problems with awareness of young people's appropriate personal space for another SP.

### **Effectiveness of the SPs**

The above responses indicate that many agencies had some positive experiences but for a few agencies the experience of introducing social pedagogy was quite problematic. By the

time of the second interviews with senior managers, all of the SPs had been working at the homes for at least eight months and many had been there longer. The researchers asked the senior managers how effectively the SPs had worked in different areas since they started work and then developed a rating of their responses (Table 5.6).

**Table 5.6 Managers' views of the effectiveness of the SPs**

	<i>Very positive</i> n	<i>Quite positive</i> n	<i>Mixed</i> n	<i>Quite negative</i> n	<i>Very negative</i> n	<i>Insufficient information</i> n
Developing relationships with young people	1	3	3	1	0	1
Improving outcomes for young people	2	2	1	0	1	3
Working as part of the staff group	2	2	3	1	0	1
Managing difficult behaviour	2	2	2	0	1	2
Encouraging education, training or work	2	1	1	0	0	5
Working with other professionals	3	2	1	0	0	3

The SPs' effectiveness in *developing relationships with young people* was considered to be *very positive* in one case and *quite positive* in a further three homes according to the researcher's rating (researchers gave a rating on a five-point scale of senior managers' qualitative responses). Three managers described *mixed experiences* due to the differing abilities of the SPs in the in the same home. The views of one manager on the effectiveness of the SPs in developing relationships with young people were rated as *quite negative*. A clear rating was not possible in one further case.

The senior managers were also asked whether the SPs had *helped to improve outcomes for young people*. Two managers gave views that were *very positive* and another two responses were rated as *quite positive*. There were *mixed experiences* in one home and a senior manager described *very negative* experiences in another home where the SPs had not had any impact on improving the outcomes for young people at all. In a further three cases there was insufficient information to form a clear rating.

The ability of the SPs to *work as part of the staff group* was described in *very positive* terms by two of the senior managers and *quite positively* by another two managers. In three

homes there were *mixed experiences* as some SPs were able to work as part of the staff team better than others or their effectiveness in doing this varied over time. One manager described difficulties in this area which were rated as *quite negative*. A clear rating was not possible in one further case.

We asked senior managers about the effectiveness of the SPs in *managing difficult behaviour*. On two occasions, interviewees described this *very positively* and two managers were rated as *quite positive* about the ability of SPs to manage difficult behaviour. Two homes had *mixed experiences* in this area and in one home the situation was described in *very negative* terms. In a further two homes there was insufficient information to form a clear rating.

The fifth area the researchers asked the senior managers about was the effectiveness of the SPs in *encouraging education, training or work* (depending on the age of the young people). The views of the senior managers were rated as *very positive* in two cases and *quite positive* for one home. Another senior manager described *mixed experiences*. This question was not easy for senior managers to answer and a clear rating was not possible in five cases.

The effectiveness of the SPs in *working with other professionals* such as social workers and teachers was described in *very positive* terms by three senior managers and *quite positively* by another two managers. One home had *mixed experiences* and there was insufficient information to form a clear rating in a further three cases.

### ***Different or additional contribution of the SPs***

The researchers also asked the senior managers if they considered that the SPs had made a contribution that was in any way different, or additional, to how other staff work. The senior managers had mixed views reflecting their differing experiences of the Pilot.

The additional knowledge, skills or experience of the SPs was valued by many managers:

*I do think they will have been able to use their experiences and their knowledge base in terms of looking at the whole child, in terms of working with the whole family and seeing that child or young person as somebody within a community.*

*I think the other thing the pedagogues will have been more used to than some other staff might be around taking more responsibility for the plan [for the child] and driving it forward.*

*They bring a different aspect to our residential service, which is of that more reflective type approach and thinking about behaviours and thinking about why things happen ... sometimes in residential work you can get very bogged down in the day to day, what's going on, relationships with, you know staff's relationships with aggressive young people can very quickly become quite a negative relationship, whereas this approach, sort of the more theoretical approach ... helps people to stand back.*

*I suppose it's the quality of that work. I mean to me it's probably embedded in a sort of class thing, I mean I see the work that they've done very much akin to a pushy middle class parent, who wants to get the best for their child. And that maybe is contrasted with the majority of our residential child care workers who have maybe ... haven't had such wonderful educational experience themselves and, maybe, don't value the importance of a good education and learning experiences as highly as some people do, so I think it's that sort of contrast.*

One senior manager commented that the skills of the SPs complemented the skills of the other staff members:

*Yes it's different actually. I think it's not comparable. I think the people that are in our children's homes are experts at managing extremely challenging behaviour. The pedagogues are not experts at doing that, they're experts at doing other things. So the combinations of those staff groups are very complementary.*

Another manager recognised the knowledge and experience that the SPs had but did not think that this was different from some well trained workers:

*The social pedagogues would be able to apply the kind of theoretical knowledge that they've gained through their training and development prior to this but I would say it's only on a par with our other trained and well-developed residential child care workers.*

However, it was difficult for other managers to determine what the SPs had brought that was different:

*The feedback I've had from the managers is that we haven't actually got anything above what we probably could have got had we appointed a bunch of English people or British people.*

*It'd be hard for me to pick out what the social pedagogues brought that was different to what other staff brought to it.*

Senior managers gave many examples of SPs having an impact on the work in homes. This included changing the focus of the residential care work, developing creative practices in the home and impacting on relationships between staff and young people. However a small

minority of managers were not able to identify what SPs were able to offer that different to other staff already working in the home.

### ***Impact of the Pilot***

While there were many examples of changes in the homes following the employment of SPs, a few of the senior managers were more cautious in assessing the impact of the Pilot. One manager said that it was 'early days yet' to be able to see the impact and another suggested that it was not only the SPs, but also other staff and management who had contributed to moving the home forward.

In a few homes it was not always easy to assess the impact of the Pilot because there were contrasts in the ways the SPs worked. For example, one SP would have more of a positive effect in the home than another:

*But in terms of affecting change amongst the staff group it's how you communicate things to people who've been in that work for 30 years. It's very important isn't it? [SP A] is much better at that than [SP B] and there've been a couple of times when things have almost seemed to go backwards a little bit because of [SP B's] approach, and we've had to tackle that a little bit. So have to be clear that I think one of our pedagogues has a much more positive influence than the other.*

Other managers commented on the differences between SPs in their work in the home. In one home there was conflict between the two SPs and this was picked up upon by the wider staff team.

In a couple of homes there were felt to be changes in the home that had happened alongside the introduction of social pedagogy which perhaps made it more difficult to assess the impact of the Pilot. For example, in one home the employment of the SPs coincided with the introduction of a life-coach to the home. A change in the focus of the home and the employment of a new head of home were also possible confounding factors in other homes. Interestingly, in the previous interviews, a few senior managers had described how homes had undergone periods of change prior to the start of the Pilot.

### ***The perceived impact of social pedagogy***

Furthermore, the researchers asked the senior managers for their views on whether their involvement in the Pilot had been as successful as they had hoped. Most senior managers considered that their involvement had been positive with three managers saying that their involvement had *definitely* been successful and a further four managers indicating that their



involvement had *probably* been as successful as they had hoped. Managers saw the changes in ways of working as particularly beneficial:

*It's introduced new methods, different ways of working, it has influenced existing staff and existing staff have been able to embrace new ways of working and some members of staff in particular have really welcomed the opportunity of developing new areas of work that the Pilot's given them permission to do that really.*

*In terms of what we were hoping to get out of it, for me it was that we learnt how to better exploit, if you like, the knowledge and skill base that we had to get a better understanding of how we could work with the whole child who, you know is part of a whole community. And I think we have absolutely done that, we're not at the end of the road but we're well on the way to that.*

Two interviewees had the view that their involvement in the Pilot had *probably not* been as successful as hoped. These managers were less positive because they had not seen any changes since the start of the Pilot or they had experienced significant challenges along the way. One manager said they were expecting '*great things*' and also something innovative but this had not happened.

Changes had been observed in many homes following the employment of the SPs. Managers were able to identify improvements in the quality of care in the home, changes in practice and changes in the way that other staff work. In a few homes the introduction of social pedagogy had clearly been motivating and stimulating. There were also positive comments about relationships between the SPs and young people. However, the implementation of social pedagogy had not been wholly positive in a few agencies. In these homes managers were unhappy with the lack of work done by the SPs or the SPs had difficulties coping with the challenges of the job. A few managers also noted difficulties in the way that some of the SPs related to young people.

### **The process of implementation**

We now consider the overall views of the senior managers on the process of introducing new members of staff and the social pedagogy approach to homes.

#### ***Support and retention of SPs***

The recruitment process and initial induction of the SPs was discussed with the senior managers in the first interviews. During the course of the Pilot, a number of SPs had left (see Chapter 6) and this was commented on in two of the second senior manager

interviews. One of the managers was '*quite disappointed*' that both of the SPs in the home had left and said that it was not '*a very good staff retention statistic*'.

The researchers asked senior managers about the support the SPs had received. It was felt that generally the homes had been very supportive of the SPs. A few managers commented on other external forms of support that the SPs received. In one home the SPs used a website as a form of support. However, in another agency which employed SPs in several of its homes, the manager felt that they could have improved the support for the SPs by setting up a peer support group.

There were differing views about the central support provided by TCRU. For example, one manager viewed this support as beneficial and said that TCRU had been proactive whilst another manager complained about the lack of central support and the cancellation of meetings.

### ***SPs and residential staff working together***

In the first interviews with senior managers they described the reactions of other residential staff to working with the SPs. In most cases, the responses were positive and any initial difficulties were usually overcome. However, in a few homes there were more persistent problems. In the second interviews managers reflected on how well the SPs and other staff had worked together now that the SPs had been in post for longer. Again, there were mixed experiences. For example, in one home the senior manager thought that the SPs had had a positive influence and said that the head of home had found their presence '*stimulating and invigorating*'. Another home had had a more positive experience with one SP in comparison to the other SP who '*irritated*' residential staff with the way they communicated. There were also mixed experiences for one team where one SP had been able to integrate well but the other was '*on the edge of the team*'. Unfortunately, in two homes working relationships between one SP and other members of staff had become so problematic that grievances had been raised by the SPs. In one home this led to the SP leaving and in the other the SP spent a period of time working elsewhere.

### ***SPs working in the local area***

From the previous interviews with senior managers, it appeared that reactions from other professionals in the local area towards the SPs had been positive. Again, in the second interviews managers' comments about the ability of the SPs to work with other agencies were encouraging. One highlighted that it had taken time for the SPs to understand the

roles of the residential worker and the social worker but this was resolved now. The competence of the SPs in inter-professional work was also noted:

*I think they've approached it with more confidence than maybe our workers and being prepared to take more initiative and being more proactive in their relationship with other professionals in terms of making decisions.*

In a Group 1 home an SP had become involved in some creative arts projects outside of the home. One SP from a Group 3 home was doing training with local residential units but there had been some resistance from some unit managers '*who believe their practice is [already] forward-thinking*'.

### ***Social pedagogy and agency policy***

There was extensive discussion with senior managers in the first interviews about how social pedagogy had fitted in with local and agency policies. Generally there was a good fit, but a few differences were noted in relation to attitudes to risk and safety, physical contact and record-keeping. Similarly, in the second interviews it appeared that the approach of the SPs to the work had mostly fitted-in with local practice. A couple of managers highlighted some differences. One manager said that the SPs '*think much more theoretically*' and that there was a difference of opinion about the importance of paperwork. This manager also felt that the work and activities that the SPs wanted to do were limited by budget restrictions and minimum staffing levels. Another manager described how the SPs were shocked at the level of recording and bureaucracy in the English system but that they had coped with this well.

### ***Expectations about the role of the SPs***

The first interviews with senior managers highlighted that, in a few cases, there had been different expectations between managers or staff and SPs about the nature of their role (see earlier). This was again raised as an issue by a couple of the interviewees in the more recent interviews. For example, one manager suggested that the SPs were:

*Probably looking for a more managerial role than a hands-on support worker role. And I think ... probably from [the agency's] point of view I think that was one of the biggest problems.*

In another home one SP was keen to take on more of a consulting position in contrast to the residential worker role that was expected by residential managers; this was a source of contention.

## **Influences on the success of social pedagogy**

Interviewees highlighted a number of issues which were considered relevant to the success of social pedagogy in the nine Intensive Sample agencies. The specific qualifications and experience of individual SPs were considered important, as well as the SPs' personalities. Some managers also identified the need for senior staff to support the Pilot and to seek commitment to develop social pedagogy in the wider agency. Cultural differences between England and the country of origin of the SP could be a barrier to success in some agencies where young people, residential staff or SPs struggled to adjust to different ways of working or communicating. The structural and policy differences between the countries could also present challenges for incoming SPs and for agencies seeking to integrate the new role.

### ***Qualifications and previous experience of SPs***

In their accounts of the agency's experience of the Pilot, senior managers considered the qualifications and training of the SPs as well as their experience (or inexperience) of work with children in residential care settings. Managers from three agencies spoke about SPs' training and qualifications as an important aspect of the agency's participation in the Pilot. In one interview, the qualifications of the SPs were thought to be beneficial to the work in the home. For this senior manager the Pilot was, amongst other things, a way of bringing more expertise into the agency. The senior manager commented:

*... the more you've got that experience and that qualification and that view about the way that child care's provided in the team, then it does support and feed into what the team are trying to do in terms of thinking differently about their approach to child care...*

This manager expressed a hope that the SPs would, with the benefit of their training, be able to support a change in the way the home worked with young people. In this agency, this positive view of the potential of pedagogy was not matched by a reality where there had been problems with the integration of the new workers into the team.

Another senior manager thought that the SPs' ability to contribute to the agency was due to *the level* of the qualification as much as to the specific training that they had undertaken. Speaking about the work of the SPs, one senior manager asserted that employing a SP was similar to '*working with qualified social workers in the children's home ... their theoretical knowledge is significantly greater.*'

SPs in the Pilot were often working in homes where they were highly qualified for staff in the setting. However, the qualifications of SPs were not always described positively. The

disparity between the qualifications of the incoming SPs and the existing residential workers could lead to problems and, in one home at least, the SP appeared to find it difficult to take direction from managers with similar or lower levels of training.

Two senior managers highlighted the experience of SPs as an important issue affecting the success of the professionals in their new role. In one home, a young and inexperienced SP was viewed as someone needing protection rather than an asset to the home. The senior manager described apprehension about how this new member of staff would perform in the home:

*[We had] ... concerns about ... her settling into the role ... the kind of resilience she had to some of the more challenging young people. Being targeted a bit by young people and that wasn't necessarily about her skills or abilities ... I think staff felt they had to kind of carry her a bit in the sense of fronting-up the more difficult behaviours and protecting her...*

Later, in the same interview, this manager reiterated a view that the SPs were not appropriately experienced to undertake their role effectively. He said that the SPs were:

*Two people coming with the qualifications but not their experience, would be robust enough for the job ... they did acknowledge that it took them a while to get into the cultural differences, just being in the UK and ... the difference in residential care and the kind of levels of need of the young people in residential care here.*

In another agency, where a SP had no experience of residential care, a senior manager described the SP:

*He is younger and has ... no experience of residential work, he's very keen, enthusiastic and ... [but] was struggling to get to grips with [it] ... putting the practice into some sort of theoretical context.*

This senior manager went on to say that the SP, '*felt vulnerable because of that lack of experience*'.

Senior managers in the study valued the training and qualifications that enabled the SPs to offer something different to the homes that they worked in. However, a few managers had serious concerns about the lack of experience held by SPs who were working in the difficult setting of English residential care.

### ***The individual social pedagogue***

A few senior managers spoke about the SPs' different personalities having a bearing on the success of SPs in their role in children's homes. The issue of personality was most visible when senior managers made comparisons between two SPs working in the same home. For example when a manager spoke about the unsuccessful approach of an SP compared to their colleague, he highlighted differences at the individual level, describing the two SPs as:

*... completely different personalities and completely different sets of circumstances ... it was her personality and the way she portrayed herself that quite honestly didn't endear her to her colleagues, I think she was pretty critical.*

In another agency where a SPs' attitude to management was viewed as a barrier to her fitting-in within the home, the senior manager suggested that the SP's demeanour was problematic, uncondusive to her successful integration into the agency. The manager said:

*... [the SP] questions people's authority ... a slight atmosphere because she's been ... not all the time but at times has been negative ...*

These two senior managers have echoed the sentiments of other research participants in the study. Like residential workers and senior managers, SPs are individuals with different levels of skill in relating to others and different ways of working.

### ***Achieving changes in the agency***

A few senior managers highlighted the potential difficulties of bringing about change in the agency. One manager suggested that the changes they hoped to make may have been too difficult to achieve in a large team:

*Probably our expectations were too high ... I think it's not really very fair to expect one individual to make large changes in a team of, you know, could be as big as 14 or 15.*

Another manager considered that it may have been too difficult for the SPs to change long-established cultures in English residential care, especially when the SPs needed first to adjust to being in a new country and build credibility within the team.

A few managers spoke about the importance of having 'champions' for social pedagogy within their agencies. They believed that the existence of senior staff who would support change within the home or agency was vital to the success of the Pilot. For example, in one

interview, the senior manager spoke of the leading role that managers had taken in changing practices within the unit. In this agency, the introduction of social pedagogy was part of a broader initiative to improve services. Speaking about the reasons for the success of the Pilot, the manager asserted:

*... I'm not sure if it's down to the individual pedagogues that we've had. I think it's possibly more down to, not just senior management but ... [the agency's] children's services management across the board trying to find a different way to work, so I think it's, I would say it was more management-led.*

Similarly another manager highlighted the importance of 'organisational culture' and 'senior management commitment' in the progress of social pedagogy in their local authority.

When asked about the impact of the SPs, one senior manager spoke about the important role of the unit manager in sustaining change within the unit:

*... if a pedagogue is going to have a real impact within a unit ... you need a stakeholder ... somebody to champion pedagogy at a senior level so if [the SPs] had been working there and [there] hadn't been a manager with either the understanding that the current manager has, or the belief that pedagogy could actually make a difference, and worked to embed it within practice, then [the SPs] could have made a difference and perhaps influenced a few staff members ... at a shift level and perhaps almost only on a shift by shift basis. ... But for it to become an integral part of the way in which a particular unit or a service works, I believe now ... that it needs a stakeholder at a more senior level [within the home] ...*

Here the senior manager highlighted their own commitment to seeking broader changes from the Pilot than simply integrating new workers into the unit. The manager hoped that the new approach would support widespread improvements in practice. In this local authority, the experience with SPs in one unit had led to the senior managing seeking a more senior, director level 'champion' of social pedagogy as a way to develop the new approach across the whole agency:

*... we believe we need now ... a champion at a very senior level who can demonstrate ... their belief that pedagogy can make a difference, and almost make it accepted policy within [location]...*

These three senior managers considered the existence of one or more advocates for social pedagogy as crucial to the process of developing social pedagogy within the unit. Having two new SPs in post was a key part of a strategy to implement social pedagogy more

broadly, but, according to these senior managers, it could not be done without other senior staff commitment.

### **Cultural differences**

The issue of cultural difference was considered relevant in the three of the senior manager interviews to the SPs' ability to work effectively. Cultural difference could be a barrier to SPs fulfilling their role with young people or to them integrating into the team.

One senior manager explained that cultural differences between SPs and home staff and residents had led to the SPs taking some time to settle into their role:

*... because the culture is very different, they've had a lot of learning to do just about getting through day-to-day, and it's only at that point, that they've been able to then try and find ways of looking at [the] approach and how that ... fits into that system ...*

Furthermore, in the same agency, young people had been very unwelcoming to SPs by, for example, 'calling them Hitler'. However, this extreme reaction to the new members of staff was short-lived and, towards the end of the interview, the manager was able to explain how things had changed in the home:

*... cultural awareness of our young people has grown quite considerably ... [the SPs] they've worked really hard at helping [young people] to understand the cultural differences and grow in appreciation of somebody else's country so it has actually been really helpful in that way as well.*

In another agency the senior manager felt that cultural difference may have been an important factor contributing to lack of success of the Pilot. S/he remarked that:

*... there was a lot of real energy and enthusiasm behind the whole idea, but ... I don't know whether it was cultural issues, whether it was adapting to the way that people work here, but it hasn't gone as well as what we had expected really.*

Another manager spoke about cultural difference in broader terms. He considered the cultural differences highlighted by a SP in criticism of concepts such as 'short-breaks' or 'respite care'. The SP could not understand why the focus in the UK appeared to be on giving parents relief from their caring duties rather than providing a good experience for children.



Senior managers who spoke about cultural difference highlighted the difficulty of assessing the impact of social pedagogy when most of the practitioners in this Pilot have had to relocate from a different part of Europe. Some of the challenges faced in the Pilot may be a consequence of problems integrating professionals from different cultural and linguistic backgrounds.

### ***English and 'European' residential care***

Looking at the broader context of the Pilot, a few senior managers raised the different settings for residential care in England and in other European countries. Managers highlighted differences regarding the needs of young people found in the different settings and the perceived hierarchical structures of residential care in England, compared with the structures found in other European countries. This was a concern for managers at the initial stage of recruiting and inducting SPs (see above). After SPs had been in post for several months, the practical implications of these differences became even more apparent.

One senior manager described how SPs in the unit had been shocked by the level of need of the young people in residential care in the UK. Referring to a similar issue, another manager commented that:

*... [in] northern Europe ... the range of needs for the children over the residential care population is quite different, and ... in that kind of setting it's probably easier to work in a way of culture change and understanding about social pedagogy in a way that directly you can see it impacting on what you're doing in the care of children. I think it's less easy when you're dealing with difficult adolescents because a lot of the time it can't cut through the immediate focus people have on trying to manage the behaviour ...*

This manager raised an issue of relevance to the potential success of social pedagogy in England; the social pedagogy approach may be more difficult to implement in England because young people have greater needs and are (arguably) less able to benefit from the approach. The manager gives recognition to residential staff who are managing the pressing concerns regarding young people's behaviour (for example drug and alcohol use, self-harm, violence or other risk-taking). In this manager's view, the Pilot had not demonstrated how the social pedagogy approach could be used effectively in work with young people displaying these kinds of extreme behaviours.

Another perceived difference between English and other European children's residential care systems was the organisational structures for the work. Two senior managers spoke

about SPs finding it difficult to work within the hierarchical structures found in English residential care. For example, one senior manager described an SP who:

*... struggled with the cultural change, she struggled with ... the English hierarchy ... where you have senior, deputy, manager and then the manager under-manager and so on so forth, that's not the experience [in Europe].*

Thus, in agencies where social pedagogy was less successful, senior managers questioned whether or not the approach was suitable for the English context of residential care, which involves working with young people with very difficult behaviours and within more structured lines of accountability.

### **Methods of implementation**

From the second interviews with senior managers, we gained information about three Group 1 homes, three Group 2 homes and three Group 3 homes. (For an outline of the composition of the different study groups, see Chapter 2.) We now summarise the views of the senior managers from each of these groups.

Two of the three Group 1 homes reported very positive experiences. The senior managers in both cases reported that social pedagogy had benefitted the home and had supported new ways of thinking. The knowledge and experience of the SPs was valued and they were seen as bringing something additional to the home. In contrast, there were less positive experiences in the third Group 1 home. The situation with one SP had become particularly difficult and this had created tension in the home. The senior manager did not think that the SPs had brought anything significantly different to the role but remained optimistic about social pedagogy in general.

There appeared to be mixed experiences in the Group 2 homes. One of the senior managers described the positive changes in the home that had taken place since the beginning of the Pilot but there had been some difficulties with the approach of one of their SPs. In the other two homes there had been some initial difficulties with the SPs settling into the role. In one of these homes there seemed to be a few changes since the SPs started but for the other home changes were less apparent. In this latter home, the view of the senior manager was that the SPs had not brought anything additional to the home.

The homes in Group 3 also had a variety of experiences. In the first home the SP had developed more of a consultant role and the senior manager was very positive about the

changes in practice in the home since the beginning of the Pilot. Experiences in the two other homes were more mixed. (We do not elaborate to preserve anonymity.)

### **Should social pedagogy be introduced into English children's homes?**

When asked if social pedagogy should be developed more broadly across England, senior managers mainly responded positively with five of the nine managers responding *yes definitely* and three responding *yes possibly*. Only one senior manager was unsure about its introduction and no senior managers responded *definitely not* or *probably not*.

Reviewing the current state of residential care in England, a few managers saw social pedagogy as the solution to specific problems within residential care. The new approach offered an opportunity for addressing the problem of the low status of residential care, the requirement for professionalisation of the work and the need for an increased focus on the relationships between residential workers and looked after young people. Speaking about English children's residential care, one senior manager cogently argued that social pedagogy:

*... gives the profession the best chance of becoming professionalised and more unified and respected as a body of well-educated and professional practitioners, who could make a real difference in children's lives. s... It's the best opportunity we have...to make the difference in a way that homes on the Continent appear to ... I think we'll still be a service that still [fails] to have a positive impact upon children's lives if we don't take this opportunity now to embed pedagogy into practice within the country.*

When asked about whether or not social pedagogy should be introduced more widely, two managers identified the lack of focus on relationships with young people within residential care as a problem that might be addressed with the introduction of social pedagogy.

Describing the focus of the new approach, one manager asserted:

*... it's more about the giving of yourself, the building of relationships that we've somehow lost in this country over the last few years. I think the risk-averse culture that we seem to have developed; I think it's moving away from that ...*

In her argument for training to give more focus to worker-resident relationships, another senior manager remarked:

*... the relationship between that residential child care worker and the young person is probably the most important relationship in terms of time spent with that person and it's the person that can make the most difference in comparison to the social worker or the youth offending worker or the CAMHS worker, or the*

*teacher. It's the one professional that could make a real difference to a young person's life in care and it's the profession that's most undervalued ...*

However, a manager, who was less positive about social pedagogy being introduced (responding, yes, possibly), believed that there were features of current practice in residential care which were similar to the social pedagogy approach and that these aspects could be the basis for the development of the residential care profession. This manager said:

*... there are many aspects of social pedagogy that we already do but we don't recognise that we do it, but I'd like to see that sort of built-on and expanded and looked at in more depth ...*

This manager was cautious about recommending the wider implementation of social pedagogy from another country, preferring to develop pedagogic practices within the English context.

Another important finding in the study was that a few agencies had already extended social pedagogy to other homes in organisation. For example, in two agencies, SPs had been employed to work in non-Pilot homes and one agency had developed training in social pedagogy via links with colleges in Germany.

In total, over half the senior managers interviewed for this part of the study suggested that social pedagogy should be introduced across England. Senior managers thought that social pedagogy had the potential to address a number of weaknesses in the training and qualification structure for residential care with children.

### ***Changes needed to extend social pedagogy***

When managers were asked what changes would need to be made within English children's residential care in order to introduce social pedagogy more widely, they mentioned a number of areas requiring consideration, these were: the structures for training residential staff, the regulatory system and the available budgets for children's residential care. There is a discussion separately below of senior manager views of the budgetary implications of social pedagogy while other changes suggested by senior managers are discussed here.

One senior manager asserted that the introduction of the SP in England would require additional training so that other professionals within the children's workforce would gain understanding of the purpose and potential of the role. The manager remarked that:

*... staff on the ground would have to have some training and some understanding of the purpose and the manner in which social pedagogy works ... a greater understanding would not go amiss really.*

Another manager suggested that the introduction of social pedagogy to English residential care required a transformation in the way that residential care is organised but, more importantly, changes within society are needed so that the residential care work is more valued as a profession. One interviewee said that he could not imagine how social pedagogy as a qualification could be successfully introduced to current residential care staff. In the past, when workers were supported to undertake the social work diploma, they subsequently left the home to become social workers. This manager could see that people with the qualification would be valuable team members in children's homes but was less clear about how current residential care staff could be supported to undertake the necessary training.

The systems and structures for children's residential care were also thought to need adjustment in order to implement a broader programme for introducing social pedagogy. One manager identified a need for '*a careful look at the regulatory system alongside pedagogy*', acknowledging conflict between current practices in England focusing on the management of difficult behaviours and the social pedagogy approach. Although broadly in favour of the introduction of social pedagogy, this manager suggested that there needed to be a compromise between current ways of working and the introduction of the new approach.

In addition, one senior manager asserted that the introduction of social pedagogy in England would have to be undertaken in a way which was appropriate to the current context and practices. From this manager's point of view, the introduction of the new approach should involve:

*... a blend of the values and the principles and the best practice that we have in this country ... introducing pedagogic principles to it so it isn't about bringing the pedagogic model wholesale across the channel and into this country.*

This extract highlights a need for careful consideration of the strengths apparent in current ways of working, which can be used as the basis for any change involving the development of social pedagogy within the England.

## Costs

Our examination of senior managers' perceptions of the cost implications of implementing social pedagogy more widely used the views of managers at 'Time 1' and 'Time 2' of the evaluation. At 'Time 1', interviewees were asked for their views on the cost implications of employing SPs in their Pilot homes on a long-term basis. Seven managers suggested that this would be cost-neutral. However eight managers considered that employing SPs on a long-term basis would add to costs. Four of them felt that it would slightly add to costs and another four that it would significantly add to costs. Only one manager said that it may slightly reduce costs. All of the managers in organisations with Group 1 homes said the cost of employing SPs on a long-term basis would be neutral, probably because they had been employing SPs for some time already.

More specifically, many of the managers commented that increased salary costs would contribute to the higher costs of employing SPs on a long-term basis. Seven managers remarked that the salaries of the SPs were generally higher than the salaries of other residential child care staff in the home. Some managers referred to the fact that the pay for SPs was higher in Germany and, therefore, they had had to pay higher salaries to SPs compared with other residential workers. One manager remarked that they had to pay at the top of the scale and another said that the SPs were paid at the same level as an assistant manager. All but one of the managers in agencies with homes in Group 3 confirmed that the SPs' salaries were higher, reflecting their additional outreach role.

In contrast, nine managers commented that the salaries of the SPs were similar to those of other residential child care staff in the home. One manager felt that they were *'getting a good deal'* from the SPs as they were not paying them any more than other staff. However, this may be problematic in the long-term if SPs were employed more widely, as one manager suggested. The manager had reservations about whether homes could recruit and attract highly trained SPs on the pay-scales that they were offering.

Many of the SPs were appointed to more junior roles (eight managers confirmed this), but four managers said that they were appointed to senior roles and four that they were recruited both to junior and senior positions. The differences in level of appointment did not appear to reflect the different SP roles in the Pilot groups.

The managers suggested other aspects of employing SPs on a long-term basis that could have a bearing on costs. Two managers commented that recruitment could be costly because of the large recruitment agency fees involved. The cost of training in social

pedagogy was mentioned by several managers. There would also be additional costs arising from awareness-raising and the development of professional qualifications.

An interesting question is whether employing SPs might eventually have an impact on the number of staff the homes need to employ? Whilst several managers did not think that this was possible, some considered that it could be an option in the future. These managers explained that the number of staff could perhaps be reduced because SPs are used to working with larger groups and they might take additional responsibility. A reduction in the number of staff may result from having more high quality staff. Several managers cautioned that the number of staff employed was constrained by the ratios in the National Minimum Standards – in fact no such ratios are stipulated (Department of Health, 2002). One manager remarked that it would be more difficult to reduce staff numbers in smaller homes because of the need to have two staff on duty at all times. (Staff also sleep-in overnight as well as cook meals.) Another manager added that the young people at the home in their organisation needed one-to-one support so they required a high staffing ratio.

One manager linked the potential reduction in the number of people employed to a possible reduction in operational costs. This could be achieved if the number of people employed was reduced but the outcome for young people stayed the same or improved. However, this manager commented that there had not yet been a cost-benefit analysis of this approach and further felt that this was a '*long-term game*'.

In summary, senior managers' initial views about the probable costs of implementing social pedagogy were divided with some agencies considering that it would increase costs whilst others suggested that it would be cost-neutral. In the second interviews the managers were asked if they had any further comments on the issue of costs. Again, the managers reiterated that employing SPs was either cost-neutral or increased costs.

Managers also commented on the future implications of employing SPs. One manager suggested that it may not be possible in the future to employ SPs on the existing pay-scales:

*Well I just think that that is something that somebody's got to grapple with because at the moment we are able to employ them on our existing salaries. How sustainable that is in the long-term, because I suppose what I'm saying is if you were employing a qualified social worker in residential care they would be certainly probably in senior posts or, and looking at management posts ... So I think yes, I think it raises very important issues about what we pay staff in residential care.*

Another manager was concerned about the future market of SPs and whether they could attract SPs:

*It's a difficult question to answer really, I mean I think if we were needing to recruit in a market where there was limited social pedagogues and we really wanted that to be part of our workforce then I guess it would cost us more money probably, but it would have a differential rate for services wouldn't it?*

For one senior manager, it was important to consider the benefit to the young people of employing SPs when considering longer-term investment:

*Yes, I think one of the things that if a few of the Pilots, the local authority considered that there hasn't been anything with new innovative life-changing then it's possible that they may not commit to having a social pedagogue in each of the homes. I think if the placement of the social pedagogue is going to make changes within the home and improve the life chance and outcome for the children and young people in the manner in which they work and operate with the staff group and the children, then I think maybe the decision would be made to do that, but I think it would be a balance on what would the outcome [be], the investment needs to have a return of outcome for the young people within the home.*

The researchers asked the senior managers if they got the same 'value' or not in the overall effectiveness of SPs as practitioners compared with staff working at the same salary level. Four managers said that they *definitely* did get the same value and one manager thought they *probably* did get the same value. Two managers considered that they *probably did not* get the same value. In two further cases it was not possible to obtain a definitive answer from the interviewees.

## **Conclusion**

At the initial stages of the programme, a majority of senior managers in the study were optimistic about the Pilot and the possibility that SPs might have much to offer to their agencies. Managers expressed a variety of views about the SPs' recruitment, with many describing a straightforward and effective process but others expressing concerns about delays and a lack of suitable candidates for the available posts.

Agencies made special efforts to introduce the SPs to the work, providing structured induction programmes and opportunities for peer support. However, the introduction of the new role was not a smooth process in some agencies where managers identified difficulties in incorporating the new SPs. Cultural differences, SPs' lack of experience in English residential care and personality issues were sometimes barriers to the full integration of the



new staff. Managers also identified some of the structures and practices within English residential care which were incongruous with the social pedagogy approach.

A few managers recognised ways that the SPs were able to support changes within the agency; these included SPs providing creative activities for young people, encouraging reflection amongst staff and demonstrating different ways of relating to young people. The interviewees also considered how staff, both within and outside of the agency, had reacted to the SPs. In most cases, managers highlighted positive responses from home managers and other residential care staff. In a few agencies, the introduction of the Pilot did not lead to effective working of the team and difficulties persisted. We know that in a minority of cases, SPs were the subject of complaints or resigned from their position at an early stage in the Pilot (see Chapter 6).

Hence, the majority of senior managers were positive about the wider introduction of social pedagogy into English residential care. In a few agencies, senior managers had already made efforts to extend social pedagogy to non-Pilot homes. Agency experiences in the Pilot had given senior managers insight into the potential challenges of a more widespread social pedagogy initiative in England; and the current status and training of residential care workers, finance and the regulatory framework were considered to require amendment in order to facilitate the new role.

### **Summary points**

- Senior managers were interviewed in 16 agencies participating in the social pedagogy Pilot at the beginning of the process. Further interviews were carried out in the nine Intensive Sample agencies four to nine months later.
- Most senior managers were positive about the SP recruitment process and described it as straightforward. However, in a small number of agencies delays in recruiting SPs were experienced.
- Relationships between the SPs and other staff in the home were mainly positive with examples of SPs demonstrating positive ways of working with staff and young people. However, there were some tensions about expectations of the SPs and, in some cases, their lack of experience or skills in working with young people
- In general, it appeared that social pedagogy had worked well within local and agency policies and where SPs engaged with other professionals in the sector, their work was appreciated.

- At 'Time 2' many managers were able to identify improvements in the quality of care in the home, changes in practice and changes in the way that other staff work. However, in a few homes managers were disappointed with the work done by the SPs or the SPs had difficulties coping with the challenges of the job.
- There were mixed views about the effectiveness of the SPs. Many managers valued the additional contribution of the SPs but a few managers could see little that was different about their work.
- Most of the senior managers reported that there had been good support for the SPs. However, there had been varied experiences regarding the relationships between SPs and other staff.
- The individual personalities of the SPs and cultural differences had also affected the success of the Pilot in the view of a few of senior managers. In some agencies, SPs experienced problems integrating and adapting to the different culture.
- The majority of the senior managers in the nine Intensive Sample agencies thought that social pedagogy should be introduced across England. These managers argued that social pedagogy had the potential to improve practices in residential care for children.
- Managers recognised that certain aspects of English residential care would need adjustment if social pedagogy was to be introduced on a wider scale, including training residential staff and the regulatory system.
- Senior managers' views about the probable costs of implementing social pedagogy on a long-term basis were divided. Some agencies considered that this would increase costs whilst others believed it would not.
- Managers reported mixed experiences across the groups of homes. There were indications that there may have been less positive experiences in Group 2 compared with Groups 1 and 3.

## 6. Social pedagogues

### Experiences in England

We managed to interview 15 SPs working at the Intensive Sample of homes during our visits. Five were from Group 1, seven were Group 2 and three Group 3: we need to bear in mind this pattern of contexts and likely responsibilities in what follows. Indeed, our discussions reinforced the view of their diverse circumstances, reported in Chapter 3. Some Group 1 and 2 SPs were very early in their careers, even being a first job. On the other hand, some Group 3 SPs were very experienced, possibly eligible for heads of home appointments in England.

Our interviewees were an interesting group with much to say about their experiences of the Pilot and of children's residential care in England. Moving from abroad, as many did, and with expectations that they would help improve practice, their situation had not always been easy. We are grateful for their candidness.

We began the interviews by exploring their early experience of working at the Pilot residential home. In particular, we asked if young people were as they had expected, compared with those they would encounter in group care in their own country? An important question in comparative analysis of residential care and children's outcomes between countries is whether or not the task is similar (see Chapter 1). We saw in the previous chapter that senior managers felt there were marked differences. However, the largest group of responses revealed that SPs had anticipated what young people would be like, their problems and behaviour. Some interviewees who were very inexperienced were unsure what they would encounter as they had no previous experiences to draw on. One SP had been familiar, in Germany, with working with more migrant youths and asylum seekers. Another had found English residents to be socially, psychologically and educationally more challenging than those she had worked with in Germany. Overall though these SPs stated that there were fewer surprises than some observers may have anticipated.

Apart from individual characteristics, there is also the nature of the group experience and whether the particular *mixture* of residents would be found in their own country. Many were unable to answer but two of the most experienced SPs commented that the organisation of residential care in Germany is very different from that found in England. In particular, there is much more residential care in Germany and the majority of children in care at any one time are living in a residential setting, including those who are younger (Petrie *et al.*, 2006).

Thus, homes can be more homogenous and it is easier to plan for the composition of the resident group and the most suitable professional response. As one put it:

- SP                    *Germany...in the way I used to work ... we had a closer look [at] the individual case, which young person was suited to which groups in certain homes, like for example we have girls here with really sexualised behaviour, we would probably recommend in Germany to care for them in a special girls unit.*
- Researcher        *Whereas here, they could be in a mix with other people, which may not be ...*
- SP                    *And especially kind of mix at times with quite damaged boys who didn't learn having any sexual boundaries, and then you have a kind of girl with similar experience and doesn't really fit together.<sup>18</sup>*

Another SP expressed a seldom heard view in England:

*... I mean [here] they still prefer foster parents over residential child care which is just ridiculous, because residential child care should be the one above foster parents.*

We inquired into how SPs had been received by young people and if they had managed to form good relationships. Several mentioned that, initially, some young people had mimicked accents and made racist or historical references. This passed over time and the SPs did not feel treated especially differently from other workers. One said:

*... one of them came at one point that he found very sad that I'm not his mum because I would have been such a better mum than his own, I was just 'oh my God you're so sweet, thank you'.*

### **The role of a residential worker**

As well as the characteristics of the resident group, we were also interested to know whether the role of a residential worker in England was what they had expected or whether it differed from that in their own country. The SPs expressed strong views, across the groups, that the roles were very different. For example, they remarked that residential workers had low status in England compared with their own countries. In Germany, residential staff and social workers would have similar training and equal status, so much of what a social worker undertakes in England would be handled by the professionally qualified residential worker:

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<sup>18</sup> English was not social pedagogues' first language. We have clarified meanings on a few occasions. Illustrations provided are selected from across the range of SPs not just the more experienced or articulate.

*... the big difference is in the responsibility the residential care worker has and the recognition a residential care worker has. ... It is like in Germany you'd be on a equal level with the social worker ... so there is not this hierarchy that you feel as a residential worker you are less heard, you are less respected as a qualified specialist ...*

Another SP commented:

*... then people who are not regarded as a valuable worker, why should they bother? Why should they give their heart or part of their heart into a job where people from the outside think it's not even a profession?*

Linked to this is the tendency in England to have many more professionals involved in children's lives, whereas in Germany the residential worker would undertake some of these wider responsibilities:

*... when you ... come here you know ... everybody wants something from you and quite often they come from outside ... they deal with so many people before psychologists ... social workers, other workers, drugs, YOT workers, medical assistants ... It was really crazy, yes.*

Some SPs were especially surprised that outside activities organisers were employed ('I thought we are here to do this with them!').

Similarly, SPs were unused to having so many residential staff working in the home itself and a markedly hierarchical structure:

*I personally [feel] very impressed how the young people manage this, like having an environment where they have 12 staff members changing all the time and then also have probably 10 different other professionals around them dealing with their case. So I mean we expect really one or other kids to build-up relationships to 20 or 23 adults who are changing and might be disappearing so, yes. So this is also a difference.*

Residential care in England is an expensive service, related mainly to staffing costs, and many SPs felt that it could be organised differently:

Res    *So you think that residential care in England could be organised with fewer workers. You think you could do the job effectively with fewer adults?*

SP     *Yes I think so but I think when the workers are confident by their qualification and also by a kind of trust social workers give, I think it could be organised differently, fewer staff.*

An important view widely shared among SPs was that residential care in England would operate more effectively and efficiently with fewer, more capable, more confident, better trained, professionally qualified staff. Researchers have argued previously that children's residential care in England is staffed at a level to anticipate what *might* happen rather than what actually does (Berridge and Brodie, 1998). However, we say in Chapter 5 that senior managers were not as convinced about potential cost savings. SPs felt that existing training for residential workers in England was undoubtedly inadequate. One expressed strong views on a range of issues:

*... everybody who knows NVQ knows it's crap...you don't learn anything, you only write down what you are already doing.*

SPs highlighted other important differences in the context of children's services in England compared with their own country. As we have seen, most felt that they formed constructive professional relationships with young people but they expressed strongly that the organisation and prevailing culture of children's services in England prevented them from working effectively. Two main examples were given. The first concerned the unduly bureaucratic nature of the work. SPs felt that the main professional task was to work closely with young people but that often this seemed secondary:

*... you have to do all sorts of forms like incident forms, send 100 emails to everybody who is connected to the child about this incident ... I don't feel you personally have to fill all sorts of forms and sometimes actually write the same things ... which is again sad because we don't have this time. We do not build proper working relationships with young people, and if we don't have good working relationships with them it means that we're not going to actually achieve what we would like to achieve for them, or with them.*

This was reinforced by another SP, who recommended for England '*... a bit less paperwork, or a bit less people watching their backs, or OFSTED controlling you, things like that*'.

Linked with this, the second major constraint identified by SPs of working effectively in England was the highly risk-averse culture. As we shall see in Chapter 11, not all homes appeared unduly restricted in the work they undertook but some were; and there was often staff anxiety and lack of confidence about possible repercussions of unintended events, such as accidents or assertions of unprofessionalism. One SP expressed this as follows:

*... I have the feeling we are very regulated in the UK, which takes away my individuality and which also takes away lots of responsibility ... This is probably one of the main differences between the UK and Germany, or probably also Scandinavia and Netherlands ... I really feel much more blocked in my actions*

*here than in Germany, because everybody fears, well if something goes wrong, if there is a policy somehow not fulfilled ... If somebody in Germany – everybody makes mistakes – this is fine, but if this person can just say, well I had a reason for doing this, for making a decision, and yes it went wrong but I had a reason, and I made sure I did best ... This is what I absolutely can't do here, and no judge in Germany would accept such a case...*

She gave this example:

*We had a boy here, you know we have a wonderful garden, and he climbed on the tree, and everybody was 'Oh how can he, this is dangerous and he could injure himself'. But in this case I was one of the shift leaders and I say, 'Yes I allow him to go to climb on the tree, probably not very high, but I will allow him and I try to catch him if he falls', which is still not a guarantee that he will not get injured, but I said 'And you my colleagues, and you please let him'.*

This risk aversion applied particularly to concerns about physical contact with young people. Practices varied (see Chapter 11) but SPs felt that this was an area of tension in many residential homes which obstructed therapeutic work. Another SP commented:

*In [country] where I was working in the children's home, when young people feel they need physical contact, if they feel upset or if they feel really ecstatic about something, they just, if they feel they want to give you a hug, or you, if they were upset, you just came to them and ask 'Do you want a hug?' If they request to have some physical contact you just gave it to them.*

She contrasted this with her experience in England:

*But here I found really hard sometimes when I start work in England, that you can't offer this to young people, even when young people try to hug you. Or, we had a girl I remember who came and give a hug to a member of staff, just terrified, looking really terrified because they didn't know what to do, they didn't know how to react, they just stood like some stiff block of something. This is sad for me.*

One SP made the interesting observation that with these constraints, it was difficult to teach young people that there can be positive, affectionate physical touch that is not abusive, exploitative or sexual. Young people were not always aware of the distinction. These factors – the bureaucracy and risk aversion – made it difficult for residential care in England to be 'homely'. As one said '*It's more institutional*'. A colleague observed that '*... everything is quite technical – and what about the therapeutic input?*'

## **Social pedagogues' approach**

Given the context in which they worked, we asked SPs if they spent time in the homes working differently to their English colleagues (the Group 3 role is discussed below). We received a range of responses, reflecting SPs' diverse backgrounds and experience. The answers reveal, explicitly or implicitly, the various ways in which they perceive social pedagogy. Not all found it easy to articulate their specific child care approach – '*... you can't describe it just like that, it just happens and I hope they can see the differences*'. (One SP in quite specific circumstances [which we do not elaborate due to anonymity] stood out as rather different to others):

*I didn't expect anything really because when I applied it was a joke, I wasn't actually intending to do it, because I didn't actually believe I would get the job. So I never wanted to work in a children's home to start off with ... I don't actually know if I would work any differently if I hadn't had the social pedagogy training thing.*

Several themes surfaced from SPs' accounts in what they saw about their distinctive contribution. The use of *theory* was raised in many interviews – the way in which SPs made links between theoretical knowledge and their practice, for example sociology, psychology and child development. Social work training and practice in the UK would emphasise the link between theory and interventions but it would be less common for residential staff to allude openly to theoretical influences on their work outside of specialist units. In the absence of theoretical understanding, SPs sometimes observed that their English colleagues worked more intuitively in a commonsense manner, perhaps alluding to how they would bring up their own children if they behaved similarly. One SP referred to the way in which a young woman communicated better when she was away from the unit, such as when being taken out for a drive, but co-workers were critical, misperceiving this as a *reward*. Another SP felt that his colleagues would probably see him as '*soft*' when he tried to work therapeutically. However, he added that he was actually more challenging to young people over their behaviour than were his English colleagues: a closer relationship meant that this intervention was more likely to be successful.

Much of what the SPs attempted to achieve (as well as their English counterparts) concerned heightened communication with young people. They attempted to set-up a wide range of activities or projects with young people which brought about closer engagement. Some emphasised that they tried to be very active with young people – talking, chatting, watching DVDs, playing board games etc. This was another example:



*Last Christmas there was one young person who always said ‘Oh, I would like to decorate my room for Christmas ... So one day I thought I’m going to do this and I walked to [location] and got her a little Christmas tree and we decorated her room together, had a really good time together. And again it’s not just about the decoration, it’s about spending time together and have a positive experience together and this can help later in a difficult situation when you have some kind of basis that you can build on. So it’s just little simple things.*

Interestingly, several of the SP interviews brought out reference to ‘the little things’ or ‘simple things’ in making gradual progress with young people: initially through spending time together, developing a caring relationship and building-up trust. Eating meals together rather than separately, such as in front of the television, had been suggested by some.

One SP distinguished between the ‘*professional, the personal and the private*’ in the way she approached her work, which helped to conceptualise what several others expressed. Social pedagogy was ultimately *professional*, drawing on knowledge, skills and personal awareness. In residential work in England these were underdeveloped. ‘*Private*’ details would be inappropriate to divulge. However, SPs would refer to appropriate *personal* information about their own lives, families, experiences and interests (‘*Give a little bit of myself*’). SPs often commented on the importance of the ‘*shared life space*’, which is important in the residential setting and communicating genuinely and openly was more respectful and natural. Indeed, SPs sometimes referred to their relationships with young people being ‘*equal*’. Clearly there were power and other differentials but it was argued that it was important for young people to recognise that relationships had reciprocal elements and that adults could learn from them too.

Embarking on new projects, in which SPs and young people learned alongside one another, meant that experiences could be genuinely shared and residents would inevitably be more skilled at certain things than the professional. This was an important part of *empowerment*, another concept used by some SPs. For example, during our visit to one home a young man wanted to buy a pet lizard from his brother. The SP suggested together researching on the internet, buying a book, visiting a pet shop and so on, to explore issues such as what space it would require, food, temperature and likely cost.

## **Professional relationships**

### ***Staff responses***

SPs’ reception from other staff in the homes had been generally positive but they had encountered degrees of suspicion and wariness. Senior colleagues usually been eager to learn and benefit from the experience but some junior colleagues were often defensive. ‘*Oh*

*another social pedagogue*' welcomed one. Another SP explained this guardedness as follows:

*... one part of them is, if you say something about education, about theory they just, all alarm bells on and just like oh my God I need to learn something, oh my God because they never went like really to college or stuff like that, so a lot of them are quite reluctant when it comes to new things. They are a bit scared and they are a little bit like, oh my God someone comes now and tells me that everything I did was wrong, so they were definitely scared about that as well ... I don't think we ever got through to explain really what the whole social pedagogy theories are ...*

Some SPs explained that they felt in an invidious position, expected to help bring about change and improvement through the Pilot but faced with fear and anxiety from some English colleagues. One admitted '*I felt a lot of pressure at the beginning*'. These tensions were exacerbated by ambiguities in SPs' roles, which we discuss later in this chapter. Interestingly, confronted with this, one SP again referred to progressing with the '*little things*' and taking matters forward incrementally. She then felt that if other staff saw the benefits of sharing meals, spending more time engaged with young people, remaining calm and in control and so on, then this more child-centred way of working may become more widely accepted.

### **Reflection**

Professional reflection, including self-awareness, is an essential element of social pedagogy and we asked if working in the homes had allowed time for reflection and if this had been shared with English colleagues? SPs stated that there were many opportunities to meet with colleagues and discuss young people's progress, including team meetings, shift handovers/reviews and supervision. Yet this did not always provide the depth that they would have welcomed. Reflection could occur between SPs based at the same home or when relationships had been made in the Pilot with continental friends working elsewhere. Discussions with English colleagues were often more informal. Sometimes a SP would introduce a theory from their training to try to understand a situation better and inform how best to respond.

One SP emphasised how much she missed proper analysis and feedback:

*But this is a big, big issue for me, I miss this, I miss people questioning my work, I miss people reflecting about what's been, I don't think you have done this right, and I'm sure I can't do everything right, so there must be things, always you can do it in a different way. And I need this, these discussions, these, sometimes even if it's argument but you know I need this confrontation to develop.*

This leads to an important point in that, because English workers' approach to the task was often more intuitive or commonsense, constructive criticism could be difficult and misperceived. Colleagues would interpret criticism *personally* rather than professionally. One SP commented:

*... it went nuts, like there was no discussion whatsoever possible because it was felt by one or two members of staff that [name] and me are trying to, how did they say it, we are trying to let the team look bad or to say they do have problems where they don't have problems.*

Some SPs explained that learning to accept as well as give constructive criticism had been part of their training. But the under-professionalisation of children's residential care in England meant that workers often functioned at a personal rather than advanced level. One interviewee explained how he had operated as a residential worker rather than a social pedagogue to avoid this conflict, an interesting distinction.

A further area that we investigated was the wider professional relationships that SPs had developed outside the home with those such as social workers, teachers and so on. Given its emphasis on child-centred relationships and the shared living space, one concern about social pedagogy might be that SPs focus specifically on the residential home itself rather than inter-professional working as highlighted in *Every Child Matters* (DfES, 2004). In fact there was no evidence from their accounts that SPs were less likely to engage in professional networks that their English colleagues and they took on the full range of duties, for example liaising for and attending LAC reviews, with teachers and psychologists. Senior managers confirmed this view (see Chapter 5).

### **The Group 3 role**

There were three Group 3 homes in the Intensive Sample and we interviewed one SP from each. Their experiences of the Group 3 role, that is the time they spent promoting social pedagogy and raising awareness, were very different and so will be described separately.

The SP from the first Group 3 home had a role that was most similar to the one envisaged at the start of the Pilot. She had given presentations about social pedagogy to other groups of professionals and to other agencies. However, she highlighted that it was difficult to promote social pedagogy when there was not yet any evidence of its impact in England. This SP also described other difficulties with the Group 3 role. The SPs in this group have a dual role in that they are expected to work as a residential worker for approximately two-thirds of their time and perform a training/awareness-raising function for the other third. This

was not always well received by colleagues in the home, who struggled with the SP needing to switch between these different roles. The lack of clarity about the type of work required for the Group 3 role was also felt to be problematic.

The second SP had been involved in a wider consultancy role for all of his time apart from the initial stage of his contract. This SP said that the agency appeared unsure what kind of role the SP should have, so the SP took the opportunity to define his own role in consultation with the deputy of the home. He recognised that this was different to other SPs in Group 3. In his role he has undertaken several projects such as awareness-raising with managers and other professionals; developing an eight-day training course; making links with universities; promoting the use of the 'common third' in all of the homes in the area; and encouraging links between homes for disabled children and other units.

The interviewee from the third Group 3 home had working full-time in the home itself so had been unable to fulfil the broader role. She had been able to put together some information on the key concepts of social pedagogy and had written a paper comparing residential care for children in England with Germany. The potential seems not to have been fully exploited.

It appears then that the Group 3 SPs had a wide range of experiences and differed in what they had been able to achieve as part of this role. This was related to the time they had been permitted to devote to this role as well as a lack of clarity over expectations.

## **Support**

Many SPs considered that they had been well-supported by staff at the homes where they worked. Some SPs singled-out heads of homes as being especially helpful. For example, one SP said that the head of home made herself fully available and another SP explained that the head of home was particularly supportive when there had been difficult situations in the home with young people's challenging behaviour. A different SP was keen to mention that colleagues had been particularly supportive in answering all of his questions as a newcomer. Another SP was positive about the current level of support she received but added that she had lacked support initially because she had been expected to work in difficult situations before she had time to learn the basics of the job. A complete lack of support from staff at the home was articulated by one SP. She said that she had not received any support to implement social pedagogy and staff in more senior positions had obstructed discussions about it.

A few SPs discussed support from the local agency responsible for managing the homes during the Pilot. Some SPs emphasised that agencies were unsupportive. For example, one SP said that she felt pressure to perform in her role and the agency failed to understand that she had moved to England from another country, and had to learn about the system and procedures before attempting to make changes in the home: a tall order. Another SP was keen to do some training in social pedagogy for other professionals but had been denied the opportunity. In contrast, other SPs felt that they did receive support from the agency and one SP praised the monthly supervision she received from a member of the agency's management team.

Those who mentioned the recruitment agency *Jacaranda* found it helpful, although one noted that the support disappeared after he found the job. Another source of potential assistance for the SPs was the central support from TCRU, which was implementing the Pilot. Generally, the majority of SPs had hoped for more central support and direction than they received. One SP highlighted that she had been attracted to this post because of the additional support compared with other positions. The SPs had expected to receive more central guidance about the expectations of their role. This led to confusion and uncertainty for some SPs, which was sometimes shared by heads of homes and external managers. A few SPs had anticipated receiving greater support in the initial stages of the Pilot. These SPs cited delays in convening initial meetings between TCRU representatives, managers from the agency and home and themselves. A SP expressed that TCRU were particularly helpful when she asked for support due to problems with her employment in the home. Other SPs highlighted that central support had increased more recently. TCRU arranged events for SPs from different groups of homes to meet-up and discuss their experiences. These were viewed as particularly beneficial for SPs as they welcomed the opportunity to share information and talk with others in a similar position. Overall, though, almost all the SPs were dissatisfied with the degree of central support available during the Pilot and there was a concern that some colleagues were struggling with the lack of clarity and difficulties of the job.

There were different experiences regarding the support from other SPs. When there was more than one in the home, other SPs were usually a valuable source of support. However it was felt that there was insufficient contact with SPs in other homes, and that this could have been centrally organised.

As we have seen, most SPs felt welcomed and supported by the head of the home, as well as more warily by the residential workers and others in the local authority. However, it was

also noted that the confusion about their role in the home was shared by the managers and other residential workers. Managers were said by SPs to be unclear whether and how SPs should have time organised 'outside the rota' to provide creative input in the home: to develop changes in the home, provide training or share ideas about social pedagogy. For some SPs this confusion had remained until the present, resulting in ambiguity and tension.

### **Impact of the Pilot**

We asked SPs if they considered that, during their time in the home, they had helped to change things in the home overall? Of the 15 SPs interviewed, the majority were of the view that practice had changed in the home as a result of their presence. Only a few SPs felt otherwise. One pointed out that the approach of the home was positive before the Pilot, indicating perhaps fewer possibilities for change.

The SPs who considered that they had helped to improve residential practice gave a variety of examples. The first area where SPs identified changes was *practical aspects of daily life in the home*. For example, in three homes, SPs considered that the extent of activities that staff undertook with young people had increased. One described how colleagues had begun to involve young people in creative activities after observing the SP doing this:

*... we got more onto the whole creative working again because I'm quite interested into handicrafts and painting, stuff like that. I think we got now a little bit more into that direction that we're doing it overall and that other people say, because I'm quite enthusiastic and now other people start, oh see I can do that as well. Another colleague of mine starts now with painting so she is the one actually teaching the other ones, I'm just the one sitting there painting and she's teaching. I think other people start to allocate more of their own strength and put them into the whole house.*

In a few homes SPs described how they had increased the *involvement of young people* in the running of the home. SPs in two homes had tried to encourage young people to take ownership of aspects of the home, by creating responsibilities for young people, such as environmental officer and safety officer. One SP did say, however, that the team's enthusiasm could be difficult to sustain. SPs from another home highlighted that they had introduced regular mealtimes in the home which involved staff and young people sitting down together at the table. The SPs had also tried to make the home appear more homely by creating, for example, a photo collage. In a different home, a SP had introduced new ideas for working with young people, such as visual timetables and plans for helping young people improve their skills in particular areas.

A second area where SPs focused their discussions of changes that had taken place was the *practice of other staff in the home*. The SPs from one home identified that some residential workers had changed aspects of their practice but others had not. The staff that now worked differently tended to spend less time in the office and more time with the young people playing games or watching films. In a second home a SP observed that colleagues were more likely to be respectful and considerate towards its residents. A SP from a third home emphasised that residential workers were more conscious of their professional responsibilities and more likely to focus on demonstrating best practice due to the presence of SPs from a government Pilot.

How the staff team *communicated* was the third area where SPs identified change. For example, in two homes, SPs had introduced additional team sessions (as well as team meetings) for the whole team to discuss young people or aspects of practice in the home. These were opportunities for discussion and reflection. In one home the SPs led a session on communication and, as a result, staff were sending more frequent reports to social workers to improve communication and reduce misunderstandings.

As highlighted earlier, a couple of SPs remarked that the changes that had taken place were small and less noticeable rather than major changes:

*... little steps, little changes ... sometimes maybe even not that obvious.*

*I think we have had input in here definitely, but if you ask me overall is it different? I don't think so. Do the young people notice for example that it's different nowadays? I don't think so. I think its little things, but not the overall thing.*

There were no differences between SPs in Groups 2 and 3 in their views about whether changes had taken place in the home overall. It did appear that fewer SPs in Group 1 considered that there had been changes. However, in one Group 1 home the head had emphasised that social pedagogy had not been introduced (see Chapter 7). Because Group 1 SPs were working in homes prior to the Pilot, there may have been less expectation for them to suggest or implement changes in practice.

It was also relevant for us to know if the SPs felt they had been able to fully use their skills and experience in their roles. This might indicate the extent of the potential for impact, as arguably SPs would be able to have the most impact if able to make good use of their professional training. Many of the SPs who answered this question confirmed that they had

been able to fully use their skills and experience in their work. However, a few qualified their statements by giving examples of other areas where they would like to apply their skills. One SP considered that she had made good use of her practical skills in her work but had hoped as well to introduce some social pedagogical theories to the home, which she had been unable to do. Another SP felt she used her skills and experience in her role but was keen for aspects of social pedagogic practice to become more embedded in the work of the home. A SP from a third home had been able to employ some of her skills but not all of them due to the demands of working with a group of difficult young people. This SP found it difficult to use her creative skills in such a demanding work environment.

A small number of SPs struggled with being able to say if they had fully used their skills and experience. For example, one SP was unsure if she had maximised her professional ability but reflected that her training had helped her understand situations and the abilities of the young people. There were few group differences in SPs' views on whether they had been able to fully use their skills and experience in their work.

### **Social pedagogy in England**

By the time of the interviews with SPs, many had worked in England for over a year as part of the Pilot. This experience coupled with their professional training and perspectives from other European countries put them in a unique position for considering whether social pedagogy should be introduced more widely to children's residential care in England and how it fits in with children's services generally. The majority of SPs considered that social pedagogy should be implemented more broadly in this country. The reasons for this reiterate some of the points made earlier in this chapter. The most important change needed to achieve this, in the opinion of many SPs, was the introduction of better training for residential workers to provide background knowledge which would inform their work. One SP argued that English residential care work needed a '*coherent framework*' and social pedagogy had been proven to work in other European countries. A few SPs considered that this type of training should be mandatory. Other SPs suggested that residential workers should obtain professional recognition before starting work in the sector rather than learning '*on the job*'. One benefit of a more skilled workforce, as proposed by a few SPs, would be that workers would be able to undertake assessments of young people and work with them in a more in-depth way rather than referring-on to external services and agencies. According to one SP, it would be important to consider current residential workers in any strategy for overall professional development so that there would be provision for their training in addition to investing in cohorts of newly-qualified workers.



According to a small number of SPs, this wider introduction of social pedagogy would require changes in the status and perception of residential workers.

About half of SPs highlighted the importance of ensuring that any introduction of a social pedagogic framework was specific to England. The need for an English version of social pedagogy which would reflect current society was highlighted. Some SPs suggested that there would be existing practice in England which could be built upon. Another SP from a different home reflected that social pedagogy '*needs to grow*' rather than be implemented. The need for wider changes to policies and regulations was highlighted by a small group of SPs in order for workers to be able to practice with fewer restrictions. Additionally, a small number of SPs were keen for social pedagogy to be extended to children's services more generally so that professionals would have a common framework as a reference.

SPs in Group 1 were slightly more likely to be unsure about whether social pedagogy should be introduced more widely in England compared with SPs in Groups 2 and 3. As stated above, this is likely to be due to their particular role in Group 1 and the specific experiences of one home in this group.

A SP at a group meeting organised by TCRU (to which a member of our team was kindly invited) mentioned the following: '*Social pedagogy isn't a methodology or set of tools that you can learn but a broader perception of the child*'. This struck us as particularly interesting and we gained the view of about half of SPs on this statement and whether it was relevant to the introduction of social pedagogy in England. Again, this was a challenging question to answer for some SPs but they gave their views on what social pedagogy was. SPs agreed that social pedagogy was not a set of tools but there was a deeper foundation to the work. One interviewee who had a degree in pedagogy said that the pedagogue uses themselves as a person to do the work rather than using tools. A few SPs emphasised that social pedagogy was not a '*recipe*' that you followed. Instead, the work of SPs was shaped by theories: a SP has knowledge about tools and theories but selecting which of these to use in certain situations is down to the individual SP, who uses their specialist knowledge to make a decision.

### **Social pedagogues who left**

A number of SPs appointed to work in the homes left prematurely before the end of the Pilot. In any area of employment we would expect some to leave for personal or work-related reasons. The degree of movement could be one indicator of the success of the Pilot and, in some cases at least, might reflect an element of dissatisfaction from the SP and/or their

employer, depending on whose decision it was. Moving to England from Germany or elsewhere, as many SPs did specifically for the Pilot, is an important step and they did not want it to be unsuccessful. Staff turnover can be disruptive to a residential home and damaging to young people for whom continuity in relationships is important, having been disappointed too often previously by unreliable adults. Some young people we met during our visits told us that they did not welcome too much change or unpredictability. We monitored the level of movement and sought to interview SPs who left, usually by phone, to ascertain their reasons and experiences.

The government-funded Social Pedagogy Pilot Programme was scheduled to run for two years from April 2009-March 2011. Our research was to be undertaken over the last 18 months. Allowing for a period of recruitment, induction and so on, SPs were appointed specifically to work in Group 2 and 3 homes mainly from June 2009, although many started later due to delays or other reasons. We monitored departures up to September 2010, six months before the Pilot was to end. If someone will potentially be without employment, it seems reasonable that they might spend at least six months seeking alternative work and considering if they will remain in England or move elsewhere. We were very grateful for the help from TCRU colleagues in recording departures and facilitating contacts, with SPs' permission.

**Table 6.1 Social pedagogues who left by Pilot group**

<i>Homes</i>	<i>SPs employed in Pilot</i>	<i>SPs who left</i>
	<i>n</i>	<i>n</i>
Group 2	19	6
Group 3	11	5
Total	30	11

As shown in the above Table, 30 SPs were employed specifically to work in Pilot homes. (Group 1 SPs were in post already.) Overall, 11 of the 30 – over a third – left prematurely. (One transferred to another Pilot home.) The proportion was slightly higher for Group 3. This degree of movement strikes us as quite high and greater than might have been anticipated or desired in setting up the Pilot. High staff turnover bedevilled children's residential care for a long time (Berridge, 1983), when up to half of all staff were found to be joining and leaving each year. This was linked historically to the young, female, poorly qualified workforce in a low status profession, as well as other job opportunities. Encouragingly, staffing stability now seems much greater (Sinclair and Gibbs, 1998).

***Reasons for movement***

We explored the reasons for this level of instability and whether it was linked to dissatisfaction or other reasons. One SP was on maternity leave and another left having found her 'dream job' in an advisory role, having left on good terms. We were able to make contact with five of the remainder who agreed to speak with us; some others had returned to Germany. Of course we do not know how these views compare with those of the six SPs we were unable to contact. (One we interviewed was from a Group 1 home.)

Four of the SPs who left had been working at one private home. A complex situation arose and the home was deregistered from the Pilot in early 2010. We requested and were provided with information about the circumstances from TCRU, the head of home and SPs. It would be invidious to go into detail and would not be possible in any case because of guarantees of anonymity and confidentiality. In general, though, we can say that there were different views about the causes of the problems including communication, management, support and aspects of the SPs' practice.

Four of the five interviewees were male and apart from one older worker their average age was about 30 years. Interestingly, only one of the five had previous experience of residential work with children and four had not lived or worked in England beforehand, which may have been contributory factors.

In trying to identify any common themes of these SPs' responses, the problems and reasons for departure were usually work-related rather than personal. Two left by mutual consent but for the others it was the SP's initiative. As a group, they had felt accepted by staff and young people and the challenges that young people posed were usually not the overriding factor (although one said that they could not cope with the residents' violence).

Instead, explanations for leaving were associated with two main factors. The first was disagreements and conflicts with managers in the homes. Some SPs did not agree with managers' decisions or respect them professionally. Ultimately, their work and job satisfaction were very much determined by the approach and style of the head of home/deputy. These SPs subsequently felt unsupported in a negative environment.

The second main explanation, linked to the first in some ways, stemmed from problems with how the role of SP was perceived and how they were expected to perform. This arose too earlier in this chapter in the interviews with the broader group of SPs who remained. More specifically, SPs felt that they were not allocated professional status or responsibility; this

was irreconcilable with their professional training, career to date and the job in England they thought they would be undertaking. This throws into sharp relief social pedagogy and children's residential care in England.

One interviewee reported that he felt '*Just a care worker*'. At a review meeting, feeling professionally ignored by others present, he interrupted: '*Hello! I'm here! I have to say something actually as well!*' Another SP who had left echoed these views, she said: '*I was working as a care worker and not as a social pedagogue*'. She added that the SP/residential worker should be considered *the expert* rather than someone of low status:

*The main thing is, if you work with kids in care ... I think you should be the expert because you know the kid better than the guy who sits [at] the table and does paperwork. I guess it won't be possible to implement German standards here in the UK. But if the SP has more responsibility ... it would help.*

This point was linked to other factors, such as the hierarchical nature of residential homes in England, which meant that the SP's opinion was uninfluential. The fact that most of the group had not worked in residential settings before may have made this difficult to take. These SPs sometimes felt bypassed or uninformed about important events, such as when one young woman had her placement terminated without the SP's knowledge. Another contributory factor towards these role and status problems raised by those directly concerned was that the expectations of a Group 3 SP were unclear. What exactly was the broader role they were expected to undertake? Some other issues were raised, such as different approaches between SPs working in the same home, but the above points were the main ones.

## **Conclusion**

This chapter has focused on the social pedagogues themselves working in the Pilot homes. These mainly young, German professionals were at the heart of this social experiment and the success or otherwise of the Pilot depended to a large extent on their actions in homes and agencies as change agents or catalysts. As with any qualitative reporting, we cannot verify what they said but their perceptions and accounts of their experiences are very important. Our observations in the homes in which they worked (Chapter 11) sees whether or not their accounts are borne out. Initially, it was interesting to discover that five of those that we were led to believe were SPs (mainly from Group 1 homes) stated that actually they were not but had other professional backgrounds.

It was important to discover that our interviewees had generally found what they had expected regarding young people's characteristics and behaviour. England has a small, often problematic, older core of residents living in children's residential homes compared with other European countries such as Germany, which use it as a broader service. However, a consequence of this is that English homes tend to be very heterogeneous, whereas in continental Europe there is greater planned specialism of function. Once initial uncertainty had been overcome, SPs felt they had developed good relationships with young people. Other staff were said to be welcoming but could be wary of the newcomers and sometimes resistant to change. SPs had found elements of residential care in England unfamiliar: the large number of staff in each home and its hierarchy; the lack of professional recognition of residential work; and preoccupations with bureaucracy and risk aversion. This final issue is part of a broader current problem in social work and undergoing review (Munro, 2011).

The majority of SPs felt they had helped to improve practice in their Pilot homes and thought that social pedagogy in England has potential. They gave different emphases to their specialist contributions. The Pilot is clearly not testing the implementation of a uniform intervention as such, rather the appropriateness of introducing a particular framework and different, more explicit body of knowledge and skills. There were frequent references to 'theory' and child development in SPs' accounts. English colleagues, it was said, sometimes relied on commonsense approaches to child care: this was known beforehand and one reason why the Pilot is taking place. One consequence of this was that English staff could find it difficult to give and receive constructive criticism.

The circumstances of SPs in the Pilot had sometimes been difficult – not only perhaps moving to a new country, working in a different language and becoming acquainted with a new system – but being expected to help remedy a longstanding problem. SPs felt that the circumstances in which they worked did not always facilitate this. There was confusion over their roles, especially for Group 3 SPs expected to make a wider training/awareness-raising function. SPs welcomed support when it was provided but felt there should be more central backing and direction. Eleven of the 30 Group 2 and 3 SPs (over a third) left their homes prematurely, mainly by their instigation. The reasons mostly concerned disagreements with senior staff in homes and confusion over their responsibilities.

Given the imbalance in numbers between Groups 1-3 and the diverse circumstances in which they worked, we should be cautious about generalisation. Role confusion had different implications for those in Groups 2 and 3. It was difficult for Group 3 SPs as some

broader contribution was expected, albeit undefined. Group 2 SPs also faced ambiguity and their situation was exacerbated by a lack of status and authority within the home. Group 3 SPs, with their greater experience, articulated their concerns more strongly.

### **Summary points**

- Social pedagogues had been generally welcomed into their homes, although some residential staff were wary.
- Most SPs felt they had helped to improve residential practice.
- The characteristics and problems of young people were mainly as SPs had expected.
- SPs were unaccustomed to elements of residential practice in England: the large number of staff in homes and their hierarchy; the low professional status of residential work; and the preoccupations with bureaucracy and risk aversion.
- Eleven of the 30 (over a third) Group 2 and 3 SPs left prematurely.
- SPs were critical of the lack of clarification of their roles and wanted more central support and direction. These problems affected Group 2 and 3 SPs in different ways.

## **7. Interviews with heads of homes**

The interviews with heads of homes were an opportunity to explore how the practice of social pedagogy had developed in the homes over time and to consider whether there had been any changes in practice during the Pilot. We spoke to heads of homes from the nine homes piloting social pedagogy in the Intensive Sample (three homes in each of the Groups 1-3). The interviews took place whilst we were visiting the homes for the second phase of the evaluation (Time 2) in the autumn of 2010. Heads of homes were keen to give their views on the Pilot and had had a variety of experiences. They spoke about the extent to which a social pedagogy approach had been fostered in the home; the 'fit' between social pedagogy and the existing ethos and practices of the home; the process of including the new members of staff; the roles taken on by the SPs; and the costs of taking part in the Pilot. Towards the end of the interview, we asked heads of homes to focus on the impact that the SPs had on young people's outcomes; and finally, whether they believed that the approach should be used more widely in children's residential care. The discussions were recorded, with permission, and fully transcribed.

### **The use of a social pedagogy approach in the homes**

From the descriptions given by heads of homes about the use of social pedagogy, it appeared that only one of the Group 2 and 3 homes was using social pedagogy as an overarching approach involving all of the staff in the home. This was a Group 3 home where the SP had a wider consultancy role. It is interesting that for the remaining homes in these two Groups (5 homes), discussion about using a social pedagogy approach in this way was absent. As Group 1 homes had employed SPs prior to the start of the Pilot, we did not have an expectation that the intention of these homes was to introduce social pedagogy as an overall approach. SPs in these homes had generally been recruited for their skills and experience in residential care rather than their particular approach or qualification. Therefore, we specifically asked heads of homes in Group 1 if they had formally introduced a social pedagogy approach to the home. Two of the Group 1 homes had not initiated social pedagogy in the home and, in one of these homes, the head of home specifically said it was not the intention to implement a full-scale social pedagogy approach in the home but they were considering the possibility of using elements of it. The third head of home considered that a social pedagogy approach had been introduced in the home.

While few of the homes may have fully implemented a social pedagogy approach, there was much discussion about how it had had an influence in the home. Many heads of homes

spoke about how the Pilot and employing SPs had stimulated discussion in the home. The presence of the SPs had instigated debate, given the home new perspectives on practice and provided alternative ways of dealing with problems. These were the views from two of the homes:

*... it's very interesting having the pedagogues in [name of home], because they can give us ideas and alternative ways of dealing with issues that we perhaps didn't look at ourselves.*

*... there have been some good discussions which have helped some of the established team maybe think about something slightly differently, or look at it from a slightly different angle.*

A small number of heads of homes said that the SPs had contributed theoretical knowledge to inform practice. In the Group 3 home where the SP had a wider consultancy role, the head of home highlighted that the staff team had considered their existing practice in the context of social pedagogy theory. In one home, the head of home commented that the presence of the SPs had enhanced the work of other staff:

*They ... raised the bar a little bit really and people ... they're more inclined to think about what they're doing and why they're doing it ... kind of thing. And I think that has changed and they now realise that actually we, you know it's a serious job we do.*

In a few homes, the presence of the SPs was reported to have increased the confidence of the rest of the staff when they had observed the more positive approach of the SPs:

*I think they've enabled some of the workers who are less confident to be more confident ... by being on shift with the social pedagogues, and they've been encouraging them to make decisions.*

In addition to the above general influences on the home, there were further specific examples of ways in which the SPs had had an effect in the homes. For example, over half of heads of homes described how SPs had been able to contribute to team meetings. The SPs had raised issues for discussion, they challenged ways of working and they offered training and presentations as part of these meetings. SPs from a couple of homes had created files with materials on social pedagogy. In one home the head of home stated that he was using the enthusiastic SPs to motivate other staff by asking them to work together on specific tasks. The head from the Group 3 home mentioned above described how the staff team had worked in groups to use social pedagogy concepts such as the 'common third'. Interestingly, two heads of homes reflected that the Pilot had changed their own practice in



that it had given them new ideas. These heads of homes, in particular, appeared to be the drivers behind implementing changes.

In Chapter 6 we noted that SPs had undertaken a variety of projects with young people. The heads of homes also spoke about projects that the SPs had worked on. For example, in one home a SP had grown plants and vegetables in the garden. In another the SPs had involved young people in arts and crafts activities and a film project. A SP from a different home had focused on encouraging young people to engage with the youth development service.

From these interviews, there appeared little difference between the Pilot groups in their use of a social pedagogy approach. As one might expect, heads in homes that had gone further in introducing social pedagogy were able to give more examples of how the approach was being used. In a small proportion of the homes where there had been difficulties fully integrating SPs into the teams, heads of homes struggled to describe any aspects of social pedagogy that were being used. However this was not the case for all homes where there had been problems.

In a few homes, heads mentioned aspects of social pedagogy that had not worked so well in homes. For example, in one home where the use of a social pedagogy approach was not particularly extensive, SPs were keen for young people to socialise with each other in bedrooms but other staff were concerned about the safety of young people. In another home, the SP's approach to behaviour management was inconsistent with the way the home worked with young people with complex needs.

### **The 'fit' of social pedagogy with the existing 'ethos' of the home**

Having developed in specific social and historical contexts in continental European countries (see Chapter 1), social pedagogy may not always be congruent with English residential care. We asked heads of homes to what extent social pedagogy had fitted-in with the existing way of working and 'ethos' in the home? There was no evidence that there was any conflict between the approach of social pedagogy and the way the homes worked. Indeed, in many homes, heads commented that they already had a similar approach before the start of the Pilot. For example, one head of home remarked:

*... it isn't a million miles away from the way that people try to work here anyway, so it hasn't stood out as being something actually different.*

Another head of home also highlighted similarities in approach:

*It was quite interesting when the pedagogues first came in because they both said that ... we worked, although we didn't know [it], in a pedagogue way. Our approach and our ethos is fairly similar to the pedagogue [approach].*

However, some heads of homes did identify ways in which English residential care differed from approaches in other European countries. These differences were similar to those that were noted by senior managers, discussed in Chapter 5. For example, a couple of interviewees noted that the approach of continental European countries to 'risk' was different and that practice in England tended to be more risk-averse. The fact that residential care was used differently in other European countries was highlighted by a few heads of homes. The children placed in residential care in England were viewed as older and more challenging than in continental Europe. Another difference suggested by a few heads of homes was the flatter hierarchy often found in other European countries. One head of home referred to the greater responsibility for decision-making conferred on SPs in Germany compared with residential workers in England. The same head of home also noted the greater volume of paperwork required in English residential care in contrast with other European countries.

Therefore, generally the social pedagogy approach had fitted-in well with existing approaches in the homes. However, heads of homes did recognise differences between residential care in England and the systems in other European countries. This indicates that there may be restrictions in implementing social pedagogy in the form found in other European countries within the current English system.

### **The process of implementing the Pilot**

This section discusses the heads of homes' views on the practicalities of having new workers in the team and of implementing the Pilot.

Many of the SPs had moved to England from other countries. This can bring practical challenges in relation to settling in a new country and adapting to a new culture. Heads of homes did not mention major difficulties with SPs integrating into life in England. Generally, SPs had settled-in well. A few heads of homes highlighted initial language difficulties, but this had improved. One head of home said that the SPs had a high standard of English but they struggled with the use of humour and young people's 'slang' and 'street' language; these are nuances that native speakers may have difficulties with. In a couple of homes, SPs had taken time to settle-in and this was mentioned in conjunction with necessary induction periods. Many SPs would have had to learn a whole new set of policies and procedures.

Heads of homes also spoke about the reactions of residential workers to the new staff and, generally, the SPs were welcomed by their new colleagues. One head of home put this down to a particularly in-depth interview process, which involved both residential workers and young people. However, in a small number of other homes there had been less positive reactions from residential workers, due to concern about the role of the SPs:

*... at the beginning ... there was a little bit of ... fear? Why are these people coming here, are they coming to observe us? Are they coming to change the way we work? Will we have to do what they say? ... and I think it's taken a year for the whole team to settle down and realise that this is a pilot project, it's about helping each other, it's not about spying on people's practice.*

In another home, the head admitted that they had not introduced the Pilot and the SPs very well and this had caused some friction. There was resistance when one SP tried to introduce concepts that were perceived (negatively) as 'educational' and the head of home acknowledged that 'staff didn't listen very well' to what the SP was trying to achieve. There had also been problems in this home with staff questioning the employment of overseas workers in light of unemployment levels in England. A third head of home reported that workers had been anxious about the introduction of new staff and this was exacerbated by their lack of familiarity with social pedagogy. The head of home had difficulty explaining social pedagogy to staff when his own knowledge was limited. In a fourth home residential workers were expecting the SPs to offer new insights and expertise but instead resented what they saw as having to 'babysit' two inexperienced workers. There were no discernible group differences in the integration of the SPs and the reactions of residential workers.

We asked heads of homes in Groups 2 and 3 about the reactions of the young people to the SPs. In about half of these homes, the SPs had been accepted by the young people and there had not been any problems: 'they're just part of the furniture now'. One head of home acknowledged that there had been some initial anxiety but the local authority interview process had involved the young people and this had allayed any fears. Another head of home pointed out that the young people were used to interacting with people of other nationalities as the home was located in a large and diverse city. In other homes things had not gone so smoothly. One head of home reported that the SPs were targeted by the young people due to their inexperience rather than their role as SPs; this home had introduced the SPs to the young people as new residential workers rather than SPs. In a second home, one SP had experienced some verbally aggressive, racist language from young people. Similarly, in another home initially young people had made abusive comments about the

SPs' country of origin when they were upset but this was no longer an issue; rather young people had recently asked for a trip to Germany.

In a few homes, heads recounted what they saw as significant inadequacies in the skills and experience of the SPs, conflict with staff or the SPs' relationships with young people. For example, in one home the SPs had difficulties engaging with young people. In a different home, one SP tended to avoid the young people and had refused to do some of the tasks required as a worker in the home. One SP lacked experience and it was necessary to have an extra member of staff on shift to support them. As a consequence, other staff worried whether the SP would cope if a difficult situation arose. There was conflict between another SP and a member of staff resulting in a grievance being raised.

Of the nine Pilot homes in the Intensive Sample, there were four homes where SPs had left prior to the end of the Pilot (see Chapter 6 for further details about the SPs who left). Heads of homes spoke about the reasons for the SPs leaving. In two homes, interviewees stated that the reasons for the SPs leaving were predominantly personal. One SP was on sickness absence for a prolonged period and another was homesick and struggled with assimilating into the English way of life. In the other two homes, the reasons were related to the SP role. One SP was inexperienced but was moved to a more suitable placement within the agency. For another SP there were problems with how the role of SP was perceived and expectations of the work.

### **The role of SPs**

We were interested to know how the roles of the SPs compared with those of residential workers. Were they doing anything different to other residential workers in the homes? SPs in Group 3 homes were performing a different function for the Pilot and we shall return to this shortly. For all of the homes in Groups 1 and 2, heads of homes stated that the role of the SPs was exactly the same as the role of other staff. We then asked if SPs spent their time differently or undertook different tasks or responsibilities as part of their role. Nearly all heads of Group 1 and 2 homes were able to identify ways in which the SPs performed differently, despite having the same role description as residential workers. For example, in one home a SP had developed a short programme (in conjunction with the school) to support a young person in achieving educational targets. This SP had also taken responsibility for monitoring training but had a tendency to spend more time in the office and less time with the young people. In another home, a SP had been asked to review the behaviour management approach of the home but again, this SP had a tendency to prioritise paperwork. In a third home, a SP had taken the lead on organising tasks relating to the

keyworker role, which was usually the responsibility of the head of home or other senior staff. Another SP had been able to use shared interests to build relationships with young people. One SP had done some restorative justice work with a resident.

As we have seen, the role of SPs in Group 3 homes was to spend approximately a third of their time undertaking training, networking or otherwise promoting social pedagogy in the local area. This role had developed very differently in each of the three Group 3 homes in the Intensive Sample. In one home, the SPs had given presentations to senior managers in the agency and other local organisations. The SPs had also travelled to other areas to give presentations. As mentioned at the beginning of this chapter, the role of the SP in a one Group 3 home had developed into wider consultancy. The SP had attended conferences, developed an eight-day training programme for the agency, created a website, visited other residential units to deliver training and worked with units for disabled children. The role of the SPs in the final Group 3 home had been more problematic. According to the head of home, the SPs had been given a number of tasks as part of their role and had not completed them. There had been other difficulties in this home during the Pilot.

While Group 1 and 2 SPs did undertake certain tasks or have different responsibilities from residential workers, a few heads of homes acknowledged that their first responsibility was to 'do the job' and this often left little time for providing information on social pedagogy or running training sessions. The demands of the job could also limit time for reflection. One head of a Group 2 home considered that employing SPs as residential workers limited the impact they could have and suggested that changes in the home would have been more likely if the SPs had been supernumerary. (This point is also raised in Chapter 8.)

We asked heads of homes if the previous training and experience of the SPs had prepared them well for the work in an English residential unit. About half of the interviewees said that the SPs had been well-equipped for the work by their specialist training and experience. One head of home noted the higher level of skills the SPs brought compared with existing staff. In other homes, heads did not share this view. For example, one interviewee said that the SPs would have benefitted from previous experience to prepare them for the work. Another head of home highlighted that one was inexperienced in the specialist work that the home did. A different head of home considered that the knowledge derived from the specialist training was invaluable, but having a qualification did not necessarily mean that SPs would be an effective residential worker. There was little difference between the groups in the views of heads of homes about the previous training and experience of the SPs. Interviewees from Group 3 homes were slightly more likely to consider that the specialist

training and experience of the SPs had prepared them well for the job; however the Group 3 SPs were a more experienced group (see Chapter 3).

## **Costs**

In addition to the information we received from senior managers (Chapter 5) we asked heads of homes if, apart from any salary costs, the introduction of a social pedagogic approach or employment of SPs had resulted in additional costs for the homes? Generally, a majority of homes had not incurred additional costs as a consequence of employing the SPs. (DfE had funded a third of the salaries of the Group 3 SPs to reflect their wider role.) One head of home referred to the fee that homes had to pay to the employment agency *Jacaranda* and another highlighted some small additional costs for activities for the young people that were more likely to occur. Two homes had incurred more substantial additional costs resulting from the need to have extra staff in the home to support or provide cover for the SPs due to difficulties they were having performing their roles.

## **Impact of social pedagogy**

An important question for the evaluation was the extent to which practice had changed in the homes as a result of the Pilot. In Chapter 5 we described examples of changes in practice in the home given by the senior managers. We also asked for the views of heads of homes on this issue and the majority of heads of home were able to identify some changes in the way things were done in the homes. Only a couple of heads of homes were of the opinion that practice had not changed.

Many of those interviewed highlighted that the team's approach to behaviour management had changed since the SPs had been employed. For example, one head of home described modifications to how they addressed young people's problematic behaviour:

*Just off the top of my head yes, she might suggest a different way of presenting a reward, you know, or a different way of not using a reparation, rewarding the good ones rather than ... reparation for the not so good ones. Different sort of ways ... we're always looking for creative ideas.*

Another head of home emphasised the contribution of the Pilot to reviewing approaches to behaviour management:

*... one of them was to do with reviewing house rules and sanctions, and obviously now it's increased our belief in, this whole Pilot has assisted in making us look at, ... not only do we need to reflect, but we need to encourage the young people to reflect on negative behaviour. Operate a restorative process inasmuch*

*as 'you know that was wrong you shouldn't have done that', 'what did you feel you need to do to put that right?' So if you're to look at a sanction book now, I would say 95 per cent of the sanctions are chosen by the young people themselves, they come up with sanctions ...*

The second area of work where a majority of heads of homes considered improvements had been made was reflection on practice. For example, one home had introduced a 'reflection log':

HoH *So I think the separate reflection book, we viewed it at first as just an extra, just something extra to do ... but I think during a handover now we do try to ... support each other and thank each other and reflect on how we, how the shift has been.*

Res *And is that a new ... so would you say there is a more reflection than there was?*

HoH *I think it's more now, yes. Yes, and I think that's because we're following ... you know when someone says something like, that was wonderful thank you, that was a good shift, the children are very happy, we've managed to do this, this and this job, and I've enjoyed being with you ...*

A few heads of homes commented on the leisure activities that young people took part in. In one home the number of activities had increased since the start of the Pilot. In another home the head highlighted that, since the employment of the SPs, young people were involved in a wider range of activities and other staff were more willing to do these types of pursuits with young people.

In a small number of homes, the structure of team meetings had changed since the arrival of the SPs. Time for discussion of social pedagogy and reflection on practice had been introduced in one home and, in another, introductory 'ice-breaking' games had become customary. A few heads of homes discussed changes in their responses to young people who did not have education provision or refused school. If young people were not in school during the day, staff would involve them in activities which had an educational element or arts and crafts. One home in particular made efforts to engage young people in positive activities such as swimming or football in the evenings to build relationships following non-attendance at school.

Several other changes in the way homes ran were highlighted by individual heads of homes. For example, the recording in one home had improved since the SPs began and staff were more likely to attempt joint-recording of events with young people. The same home was endeavouring to work more with families and involve them in events. In a different home,

mealtimes were now held at regular times following discussions with staff about their own childhood experiences which were prompted by the SPs. One SP in a third home had organised for young people to take responsibility for different tasks around the home such as costing activities and clearing-up. Furthermore, a different head of home spoke about the use of social pedagogical concepts in the home such as the 'common third' and 'shared living space'; which had been introduced following the employment of the SP. There did not appear to be any significant differences across the groups in the changes in practice that heads of homes identified. The likelihood of changes having taken place was slightly greater in Group 3 as the two homes where heads considered that changes had not taken place were in Groups 1 and 2.

We also gathered some data on whether there had been improvements in the home in specific areas (Table 7.1). Of the seven heads of homes who were able to give responses, one interviewee said there had been *major improvement* and four interviewees felt there had been *some improvement* in *young people's outcomes* since the employment of the SPs. The remaining two heads of homes considered that there had been *no change* in this area.

**Table 7.1 Heads of homes' views about changes in young people's outcomes and areas of practice since the employment of SPs (n=9)**

	<i>Major improvement</i>	<i>Some improvement</i>	<i>No change</i>	<i>Slightly worse</i>	<i>Insufficient information</i>
	n	n	n	n	n
Young people's outcomes	1	4	2	0	2
Young people's happiness	1	1	4	1	2
Young people's confidence and self-esteem	1	2	2	1	3
Managing young people's difficult behaviour	1	3	3	0	1
Emphasising the importance of education/training/employment	1	3	3	0	2
Work with other professionals	2	2	4	0	1



Seven heads of homes gave their views on whether there had been improvements in *young people's happiness* since the SPs began. One head of home considered that there had been *major improvement* and another said that there had been *some improvement*. There had been *no change* in this area according to four heads of homes and for one head young people's happiness had got '*slightly worse*.'

Regarding *young people's confidence and self-esteem*, one head of home considered that there had been a *major improvement* since the SPs had started and two heads of homes thought that there had been *some improvement* in this area. There had been *no change* according to two heads of homes and one said that young people's confidence and self-esteem had got *slightly worse*.

There had been a *major improvement* according to one head of home in *managing young people's difficult behaviour* following the employment of the SPs and *some improvements* in four homes. Three interviewees considered that there had been *no change* in this area. In relation to *emphasising the importance of education, training or employment*, one head of home considered that there had been a *major improvement* since the SPs had started and three thought that there had been *some improvement* in this area. There had been *no change* in a further three homes.

Eight heads of homes gave the views on the home's *work with other professionals such as social workers and teachers*. There had been *major improvement* in this area according to two heads of homes and *some improvement* in a further two homes. Four respondents considered that there had been *no change*. There was no difference between the Pilot groups in relation to these changes. However, heads of homes were less likely to identify changes in homes where experiences of the Pilot had been more problematic.

Thus, it appeared that changes had taken place in some homes since the SPs began and heads of homes associated these changes with the introduction of the new posts. Groups of heads of homes also thought that a number of issues had remained unchanged. It was recognised that there were other initiatives in the home or local area alongside the recruitment of SPs which might also have contributed to changes, such as the Independent Social Work Practice Pilot, Virtual School and developments with CAMHS. These may have had an influence on changes in the homes but the nature of the Pilot and the data we were able to collect does not enable us to identify whether this was the case. Pilot initiatives seldom occur in isolation.

## **Success of the Pilot**

When asked if they considered that their involvement in the Pilot had been successful or if they expected things to have been different, most of the heads of homes were positive about the involvement, even when there had been difficulties. The most positive response was from a Group 1 head of home who said that the involvement of the home had been more successful than expected, that the SPs had stimulated practice in the home and had a positive impact. A few heads of homes could identify benefits of being involved in the Pilot but were also disappointed with the outcomes. For example, one commented that it had been valuable for the home as the SPs had brought a different perspective to the team. However the head of home was unable to identify specific benefits in terms of changes in practice or outcomes. One interviewee was less positive and expressed disappointment at the fact that the SPs had left and that there had been no lasting changes in practice, although this was attributed to the unsatisfactory definition of their roles by the agency.

We also asked heads of homes if they would employ SPs again. All of them said that they would employ SPs as a professional group if the opportunity arose in future. However, a few did have some reservations about the individual SPs they had employed and remarked they would not employ those individuals again.

There were no differences in views on the success of the Pilot between the groups. It was more common for the opinions of heads of homes to be related to whether or not there had been difficulties working with the SPs in the home.

## **Should social pedagogy be introduced into English residential children's homes?**

It was important to elicit the views of heads of homes on the wider development of social pedagogy in English residential care. Having had first-hand experience of the role, they would have an informed opinion about the likely prospects for any broader implementation of the initiative. The majority of heads of homes considered that social pedagogy should be introduced more widely into English children's homes. A few were keen to emphasise the benefits for residential care of an underpinning theoretical framework and a professionally trained workforce. One head of home had the view that social pedagogy, albeit without the title, was already being used in most good children's home in England and what was needed was to alert workers to this. A couple of participants were less positive about the wider introduction of social pedagogy. For example, one was unsure of the benefits that social

pedagogy would bring and another did not think that the approach could be introduced wholesale but recognised that elements of it might be useful.

The heads of homes highlighted a number of areas that might require changes for social pedagogy to be implemented more widely. Some interviewees suggested that the training for residential workers would need to be adapted. For example, one head of home said that training would need to be at the appropriate level academically and would need to be available soon so that homes could begin the process of developing their staff. Indeed, this respondent was considering the possibility of the agency developing and commissioning its own training in social pedagogy.

A small number of heads of homes emphasised the need for staff in residential homes to have greater autonomy and higher status:

*To do the things that they need to be doing in terms of child protection and stuff ... I think you've got to improve the status of residential staff because they're still seen I think in a lot of quarters ... like glorified babysitters, and that's where social pedagogy will come in. With a quality qualification that puts them on the same level as other professionals is essential, it's about ... status.*

Heads of homes also mentioned the need to amend the regulations and the legislation in order to encourage a less risk-averse culture within children's homes. These changes were considered important issues for the future development of social pedagogy in the UK. The heads of homes' views on the wider implementation of social pedagogy were unrelated to the different Pilot groups.

## **Conclusion**

Heads of homes were mainly positive about their experiences of social pedagogy. Indeed, most heads considered that their involvement with the Pilot had been successful.

However, from individual interviews with heads of homes, it became apparent that very few of the homes were using social pedagogy as an overarching approach involving the whole team of staff. Yet, often, social pedagogy had had an influence in the home by stimulating discussion and offering new perspectives; indicating that perhaps one of the key aspects of having new workers in the homes was to reinvigorate staff rather than to import an approach from overseas.

Overall, the social pedagogy approach fitted-in well with the existing emphasis of the homes, and many heads considered that homes already operated in a similar way before the Pilot.

Generally, SPs were welcomed by staff and young people. In a few homes staff had been anxious and uncertain about the role of the SPs and the new approach, highlighting the importance of properly briefing staff and reassuring them.

In all of the Group 1 and 2 homes, heads stated that the role of the SPs was exactly the same as residential workers. However, they were able to identify ways in which SPs performed differently, which included undertaking different tasks and taking on specific responsibilities. The limited time available for SPs in these homes to reflect and spread the word about social pedagogy was noted given that time was not allocated for this. Group 3 homes were different.

In a few homes, heads recounted quite significant difficulties with the skills and experience of the SPs, conflict with staff or the SPs' relationships with young people. About half of the interviewees observed that the SPs had been well-equipped for the work by their specialist training and experience.

The majority of heads of home were able to identify some changes in practice in the homes. Only a couple were of the opinion that it was unaltered. Approaches to behaviour management and reflection on practice were the areas which were most likely to have changed. Thus, despite only a few homes having fully implemented a social pedagogic approach, developments had taken place in homes.

The majority of heads of homes considered that social pedagogy should be introduced more widely into English children's homes. The need for wider system changes was identified given the differences between structures and procedures in England and in other European countries.

## **Summary points**

- Homes had implemented social pedagogy to different degrees and in different ways in individual homes. In many of the homes, social pedagogy had had an influence through stimulating discussion about practice and bringing new perspectives to homes.
- Social pedagogy had fitted-in with the existing approaches of the homes and many heads commented that the approach of the home before the Pilot was similar.

However, heads of homes did identify differences between English residential care and systems in other European countries.

- SPs had generally been welcomed by staff and residents. Interviewees reported that, in some homes, there had been some anxiety from staff about the role of the SPs and about unfamiliar approaches and concepts. In a minority of homes young people had been hostile towards the SPs.
- For all of the homes in Groups 1 and 2, heads of homes stated that the role of the SPs was exactly the same as the role of other residential workers but most of them were able to identify ways in which the SPs performed differently.
- The majority of heads of home were able to identify some changes in the way their home functioned. Only a couple were of the opinion that practice was unchanged. Changes in the team's approach to behaviour management and reflection on practice were most common.
- Most heads of homes considered that social pedagogy should be introduced more widely into English children's homes. The need for wider system changes to facilitate this was identified.

## **8. Residential workers' perspectives**

The research team talked with groups of residential workers to elicit their views about how the SPs operated in the homes and whether practice in the home had changed during the course of the Pilot. We spoke to residential workers from the nine homes piloting social pedagogy in the Intensive Sample. There were three homes in each of the Groups 1-3. The focus groups (and occasional interviews) took place while we were visiting the homes for the observer participation phase of the evaluation in the autumn of 2010. The meetings varied in size from large groups involving the majority of the staff team to smaller groups of four or five workers. Additionally, we undertook interviews with one or two workers at a time in two homes where it was logistically difficult to gather together a group of workers.<sup>19</sup> Scheduled team meetings were convenient opportunities to talk with larger groups; otherwise we were able to arrange to speak to teams of staff at the start or end of their shifts. We spoke with around 60 residential workers in total. Most homes were very accommodating of our wish to talk to staff. Participants were keen to give their views on the Pilot.

### **The aims of the homes and the methods residential workers use**

We began by asking residential workers to briefly describe the aims of the home and the methods they used to achieve those aims. We hoped to gather some background information on the purpose of the home from the residential workers' perspective and to 'break the ice' before discussing social pedagogy and the Pilot. Many of the homes were felt to be working with young people on independence skills, reflecting the older age-group of residents. Providing stability for the young people was also frequently mentioned. In addition, the provision of a warm and caring environment was discussed by a small number of residential workers. In most homes there appeared to be a focus on achieving better outcomes for young people. For example, residential workers aimed to build young people's confidence and help them to realise their potential.

Residential workers discussed a wide variety of methods that they used to work with young people. A couple of residential workers saw building relationships and engaging young people as essential parts of the role. Other residential workers considered that it was important to encourage young people; promoting education was specifically mentioned by one residential worker. A non-judgemental approach was considered essential by another. The approach of another residential worker was not to judge the young people. A small number of staff highlighted how homes were able to give young people new experiences.

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<sup>19</sup> We will refer to all of the focus groups and interviews as 'focus groups'.

Working with or involving other agencies was also considered helpful by a number of residential workers. The use of boundaries and consistency were considered to be key to working with young people by a couple of participants. However, a few residential workers also emphasised the need to work with young people as individuals and use a '*varied approach*' depending on the young people's individual needs. A range of methods used by residential workers to work with young people was found across each of the groups.

### **Social pedagogy and English residential work: similarities and differences**

One of our main interests was whether residential workers perceived any differences between the way that they worked and the practice of the SPs. The majority of groups of residential workers thought that their practice was generally quite similar with SPs'. For example, residential workers from two different homes had this view:

*... so we used to say 'Tell us how a [SP] would deal with a situation like that' and they'd say no different to how we've done it.*

*I expected when they came there was going to be so much change and so much difference, and I was really surprised and almost a little bit disappointed that they work so closely to the way we work that there isn't really much difference.*

Indeed many residential workers thought that the approach of the home was already similar to the approach of social pedagogy. For example, residential workers from another home said:

RW1 *... because we've always worked in a very child-centred way anyway ...*

RW2 *Exactly.*

RW1 *... we're not that far away from the pedagogical approach.*

RW2 *We work that approach anyway.*

RW1 *Because we do work that way. So there hasn't been this huge difference where we've gone 'Oh my God, that's amazing', we've actually sat there and gone '... we do that'.*

Similar views were given in a second home:

RW1 *Again because we work as a good staff team and all that, we have been doing you know some of it, unknowingly.*

RW2 *Yeah.*

RW1 *So it's been a part of what we was doing anyway, so it hasn't seemed alien to us, it's just been a part of what we was doing anyway.*

However, when the discussion progressed residential workers from most homes were able to identify a few differences between their practice and the way that the SPs worked. For example, a few residential workers felt that the SPs tended to spend more time with the young people or were more likely to do activities with young people. In one home these activities were cultural:

*They bring them stuff that ... some of these young people wouldn't experience even if they were at home – like they do really cultural things, like take them to the ballet and stuff. Like stuff that normally upper class families would do – they're bringing them really positive cultural experiences, and bringing different forms of art to them.*

In a small number of homes, residential workers considered that the SPs were more likely to think more theoretically or on a deeper level about practice:

*I think the difference is ... there is a ... kind of a deeper kind of thinking about how ... plans are implemented with the young people, and more of a therapeutic approach.*

RW1 *I mean from my point of view – I just come here and ... I come and I work with the youngsters, I do my bit. But the social pedagogy training seems to get them to think beyond that a little bit – things like say bringing up a message book, things off the floor [points relating to practice with young people], you know which ... somebody who is just doing this to sort of be with youngsters wouldn't necessarily think of themselves. So having someone in here who would sort of think beyond that ...*

RW2 *Outside of the box sort of thing, isn't it?*

RW1 *Yeah, yeah. What can we do with the children is the first thing everybody thinks of you know ... but someone whose first thought may be 'Oh can we improve like learning practices', things like that, is going to be a little bit different.*

A professional involved with one of the young people attended one of the focus groups and he explained to residential workers why one of the SPs might practise differently:

*There's been times when you'd expect [SP] to act in a certain way because that's what you would do. But there might have been other motivations as to why [she] wasn't acting that way. So from a conversation that I had with her about an incident she had with the young person, she'd let that play out [let the young person's behaviour continue rather than challenging it] to then think about how that made her feel and what information that could give her about what the young person was feeling, and then would take that back to the young person. So working on a more unconscious communication than a behaviour management.*



Similarly, a small number of residential workers highlighted the SPs' focus on reflection on practice:

*I think the only thing that stands out for me is that their role is more reflective as they will revisit a situation and try and find ways of communicating to sort of like address the problem.*

An aspect of practice which was said to be different in one home was the high-quality recording of the SPs, which focused on what the workers did rather than a running record of the young person's activities or movements. The SPs' approach to education was highlighted in a different home:

*They ... put education into everyday things ... they make everything a learning experience and there's a reason behind everything.*

In a few homes, residential workers discussed differences in practice that they considered to be less positive. For example, in one home the residential workers viewed the SPs as more lenient than residential workers. In another home, the relationships between the residential workers and the young people were considered to be much better than the relationships that the SPs had. An example from a third home was that a SP tended to be more abrupt with young people compared with other workers.

In only one home the residential workers did not identify any differences in practice between residential workers and SPs. This was a Group 3 home where the SP had taken on a consultant role. All of the discussion with the residential workers from this home focused on the changes they had made in their practice to adopt a social pedagogic approach. There were no other differences between the groups in terms of residential workers' perceptions of differences in practice of SPs compared with residential workers. Across all groups of homes, residential workers could identify a few differences in practice, perhaps indicating that SPs were working in similar ways in all groups.

In addition to discussing specific differences between the practice of residential workers and SPs, residential workers from many of the homes suggested more general differences in systems and practice in other European countries compared with residential care in England. For example, a couple of residential workers described differences in the way that residential care was used in other European countries. According to these residential workers, residential care in Germany was used for younger children; was the first option and not the last resort; homes were bigger, stricter and had more routines. Another residential

worker observed that there were many more professionals involved in young people's lives in England compared with Germany.

In a few homes, residential workers noted the difference in professional status between residential workers and SPs as these two quotes from different homes illustrate:

*They are seen as more professional in their country I think.*

*We've a lot lower status than a pedagogue would be.*

Related to this was the observation that SPs have a lot more freedom to make decisions than residential workers in England:

*To a certain degree we're bound by our rules, whereas social pedagogues seem to have more freedom to make decisions without having to go and check everything out like we have to.*

This also applied to the assessment of risk. One residential worker described how SPs in Germany could make their own judgements about risk but residential workers in England needed to complete long risk assessment documents. Another residential worker commented that SPs would be allowed to do therapeutic and other specialist work with young people:

*She wanted to do some therapy work with [young person]. Like he was in trouble with the Youth Offending Team and she said like in Germany it would just be the pedagogue would do the reparation work, 'cos they've been trained in therapy and they've been trained in counselling. And ... it was almost like when she offered to do it at the meeting they were almost like put out, they don't expect us to do that, we're just babysitters.*

Residential workers from two homes remarked on the difference in hierarchical structures between England and other European countries:

*In social pedagogy there's not really such a hierarchy. So here we have ... there's the manager, there's myself as assistant manager, and we have four senior staff and then the other residential staff ... whereas everybody is on the same level in the social pedagogy [home].*

### **Changes in the homes during the Pilot**

In addition to understanding the perceived similarities and differences between English residential practice and social pedagogy, we were also interested in whether the homes had

changed or improved during the Pilot. Does the introduction of social pedagogy lead to an improvement in residential care?

As we saw earlier, many groups of residential workers considered that often their practice was quite similar to the social pedagogy approach. However, in most homes, residential workers were able to identify changes in practice in the home that had taken place since the start of the Pilot. Examples of changes in practice were varied and did not appear to be particular to specific groups in the Pilot.

In a small number of homes, residential workers described a few small changes that had taken place. For example, in one home the SPs had introduced a 'feel-good book' for staff to communicate with each other about good things that had happened on shift. In the same home the team were more likely to discuss changes with young people in advance so that they were unsurprised when things changed. In another home the SPs had emphasised debriefing after a shift. One SP from this home was also keen to undertake educational activities with the young people but this had been unsuccessful as the young people were not keen on these kinds of activities after being at school all day. However, staff from this home highlighted that the changes that had taken place were things that they would have thought of anyway:

*But there were a lot of things that [SPs] tried to introduce or tried to emphasise that we were sort of doing to some degree ... I'm thinking of things like debriefing after a shift – it's not completely alien to us and we do it now and then, but [SPs] emphasised it a bit more and made it ... I think made a point of how important it could be. So the ideas that [SPs] brought weren't that alien to us, like different from what we do, but perhaps they just made us think about it a bit more.*

Echoing comments from the above home, residential workers from a third home thought that practice had not changed very much but the SPs had given them 'little reminders of good practice' such as sitting-down together for meal-times. However, the small changes in practice in this home were described as 'logical extensions' of what the workers did already.

There were a few homes where it was reported that more modest changes in practice had taken place. For example, one senior residential worker thought that the presence of the SPs had improved his effectiveness. He had been able to have debates with the SPs which had challenged his own practice, so that he now encouraged young people to come to their own decisions rather than instructing them on what to do. However, this residential worker emphasised that changes in practice would be very individual and that other members of

team would be likely to have different views depending on their own training and contact with the SPs.

More modest changes had taken place in a second home where residential workers described how they were more likely to reflect on their practice since the SPs began working at the home:

- RW1 *So I think a lot of the work that she does, we were already doing. But it's the fact that we didn't reflect on any of it properly before.*
- Res *Okay. And what does that give you, having that reflection? What difference is that?*
- RW1 *Well I suppose reflecting on it gives you ... you think 'Oh yeah, we did that – that's why we did that' – and that's probably why that happened. You know sort of ... just gives you more of an insight.*
- RW2 *Makes you learn and improve your practice doesn't it?*

The residential workers in this home also reported that their recording was better and that more activities took place. Additionally, one SP led on a project that aimed to get families more involved in the home.

There was one home in Group 3 where significant changes in practice had taken place and the home had fully implemented a social pedagogy approach. In this home the SP had taken on a wider consultancy role. Residential workers identified numerous examples of practice that had changed in the home. The focus of the home was on empowering young people and encouraging them to take ownership of their own behaviour. The home's bullying policy had been redrafted and staff had supported young people to write this themselves. The staff were more likely to reflect on their practice and believed they worked in a more holistic way. The team also used the 'common third', giving examples of staff involved in pottery with young people and the domestic staff growing vegetables:

*... the 'common third' – before we used to look for somebody who was good at something, so we'd think 'Ah, they're good at that, so we could get them to come in and they could do that with that [young] person'. And now we do that completely different and it's like 'They don't know how to do it, but they're interested in doing it. I haven't got a clue how to do it. So if I do it with them [young person] ... then they're going to engage in it' because they're not going to feel a failure or they can't do it or whatever, they're going to be given the confidence to try.*

It was particularly evident that the residential workers in this home were motivated by the change in approach:

*I think it spurred us all on as a staff team as well to take on different challenges. You know, being out of our comfort zone. Where we'd normally, you know, sit back and let someone that was perhaps more capable ... or into that particular thing. We've all pushed ourselves now to take on ... things which we wouldn't normally have done. So I think it's given us a real boost as well.*

There were, however, a couple of homes where the residential workers did not consider that there had been any change in practice since the SPs had been working at the home.

Residential workers from one of these homes cited examples of changes in practice that the SPs wanted to implement but were unsuitable for the home. In one home in Group 1, social pedagogy had not been implemented in any way in the home and residential workers were not always aware that particular staff members were SPs. Additionally, in another home a level of resistance to change was apparent: '*I don't think our working practice needs to be changed ... if it's not broke, don't fix it*'. Implementing changes in homes where this attitude prevailed must be particularly challenging.

It is interesting to note that, whilst many homes were able to identify small changes in practice that had taken place during the Pilot, these examples were sometimes qualified by statements about the changes not being radically new and reinforcing existing ideas in the homes. Similarly, as discussed in the previous section, residential workers may not be immediately willing to acknowledge that SPs approach aspects of the work differently.

Residential workers may be defensive about new approaches and keen to emphasise the qualities of their own practice if they are concerned about job security.

### **Information and training about social pedagogy**

One of the questions for the evaluation is the extent to which the social pedagogic framework is understood by existing staff in the homes. One way residential workers may have increased their understanding of social pedagogy is by receiving information or training on the subject. Residential workers in all but one of the homes had received some sort of training or information on social pedagogy. The format and nature of this varied between homes. There was little difference between the groups in the type of information or training received. In a few homes the residential workers had short, introductory presentations about social pedagogy. In other homes, staff had attended TCRU events or members of the London team had come to the home to talk to the staff about social pedagogy during staff meetings or at team days. SPs had created files with information about social pedagogy in a small number of homes. In one home two residential workers were attending a pilot diploma in social pedagogy run by the agency. Residential workers in a couple of homes said that

they got information about social pedagogy through conversations with the SPs. Generally, it was apparent that the provision of information or training about social pedagogy was not extensive. The only exception was a Group 3 home where the SP had run training days and a team day, and was frequently talking to the staff about social pedagogy.

The information and training that the residential workers had received was not always viewed as helpful. For example, a few groups of residential workers who had attended TCRU events had found the information provided to be confusing and very in-depth. There was a view that these events were geared towards SPs rather than residential workers. The staff who were attending a pilot diploma in social pedagogy emphasised that it had given them a different view of approaches to risk. But it was tiring spending a whole day absorbing information and they felt guilty about being away from the home because other workers had to cover for their shifts.

In some of the homes, residential workers gave their views on how much they currently knew about social pedagogy. In a couple of homes residential workers were unable to make a judgement on how much they knew about it because they did not see it as different from their own practice. Residential workers in a few homes were unclear about what the social pedagogic approach was, so again were unable to say how much they knew about it:

*You can't really grasp what it is.*

A residential worker from a different home was unclear what a SP was:

*When they define it ... it's hard isn't it? Do you know what I mean? I couldn't tell you what a pedagogue is – apart from they bring education into everything they do.*

Furthermore, one residential worker observed that there was no set definition of social pedagogy. In another home residential workers were clear that they did not know what social pedagogy was.

We asked residential workers if they would like more training. There were mixed views about this and sometimes residential workers from the same home had different perspectives. One group of residential workers were keen to learn more and wanted to: *'learn how to ... be pedagogic in our style of working and bring some therapy to our work'*. In another home the residential workers wanted more information on social pedagogy but they were also keen to have more training in residential care generally. Residential workers

from a third home thought that a degree in Therapeutic Residential Child Care would be preferable to training in social pedagogy.

However, a few residential workers were less positive about the need for more training. One residential worker did not think there would be any benefit to more training:

*I can't see what there is to know more. I don't mean that rudely. I don't know what else we'd need to know ...*

Whilst another worker was reluctant to invest time in training if social pedagogy was not going to be widely implemented:

*I don't know whether more training would be beneficial to us unless when the pedagogues leave the home that we were going to go on and work in a pedagogue fashion. So I don't know whether having all this training it's going to be beneficial if when they leave it's going to still be the way we work ... I would be willing to go and have the training if I thought ... we could train to be pedagogues or train to be something similar, but I don't know that's ever going to happen so I don't really know whether we would benefit from the training.*

In just over half of homes, residential workers spoke about where they would go for more information about social pedagogy. The two sources mentioned were the SPs and the internet.

## **Implementing the Pilot**

During our discussions with residential workers some important themes about the process of implementation became evident. The views of residential workers about different types of workers coming into the home and about the organisation of the Pilot are important to judge its success.

### **Role of the SPs**

Residential workers had concerns about the effectiveness of implementing social pedagogy given that SPs in all but one of the homes (a Group 3 home) were spending all or the majority of their time doing the same role as the residential workers. While this may have been the intention of the Pilot, particularly for Group 2 homes, residential workers from many of the homes did not consider that this was the most effective way to introduce social pedagogy:

*But I wouldn't say I've felt like I've been learning what pedagogy is. I could have learnt more about that if I'd been sat in a room and listened to somebody about*

*what it is and what they do – a training session if you want. Because [the SPs] come here and they work here with the children like we do, so they haven't got the time either, to be sat there telling us all about what it is – they do what we do.*

Residential workers in another home noted that the demands of the job were a barrier:

*I think there'd be a massive difference between people who have the time and space to just put the thinking in and share the knowledge and ideas. Whereas here, when you are on a 25-hour shift, what is the reality of how much you can impart with colleagues, how much time you've got to share? So I mean in a lot of senses they've also had a really difficult job to do, in that how could they really impart ... their thinking and their beliefs around social pedagogy when they're actually on shift working with young people?*

And in a different home, definition of the role impacted on effectiveness:

*We didn't employ them in a social pedagogue role – I think that makes it very difficult for them to have influence. So I suppose if we were to do it again, we'd try to work out beforehand exactly what we wanted from them, and give them a very clear job description and a different job title.*

Thus the lack of time for social pedagogy was problematic when SPs were employed in a residential worker role and it was not seen as a role where the SPs could have much influence; one residential worker commented: *'you can't effect change from that position'*. However, a few residential workers considered that it was beneficial to have a *'new pair of eyes'* to gain an overview and make suggestions about practice. This didn't necessarily have to be SPs:

*I think there are benefits because they [SPs] can bring fresh thinking – but then any new member of staff who's prepared to think and be brave enough to speak-up and question, brings the same benefits.*

Residential workers had suggestions about more effective roles for SPs. A few residential workers suggested that SPs should be supernumerary to the other staff or should take on more supervisory roles:

*I think they're very limited as well, like I say at the moment because they're here working on shift. They're not as extras – they're working on shift, just two of us with four children. So they haven't got the time. Maybe if they was here as a third person and there was a bit extra staff and stuff like that, then maybe we would get something more.*

Residential workers from a different home held the same view:



*Like maybe an idea of where they're positioned within the service as well. So I think coming in from outside and joining in at the level of...you know at the coalface – that's really difficult. 'Cos you're learning the language, you're learning the paperwork, you're learning the culture, you're learning how to do your job ... it's overwhelming. I think coming in between management and the coalface and maybe taking on a part of the supervisory role – not supervising fully but maybe you know taking one of your cases, a piece of work and say 'Okay how did you do this' ... thinking about, okay this is how it might have looked in the social pedagogy approach.*

An alternative model was put forward by a residential worker who suggested that the SPs should have worked within the existing ethos of the home for a year, and then the home should have changed fully to a social pedagogic approach for the subsequent year, so that each group of workers could have fully understood each other's role.

Highlighting again that there had been difficulties in fully seeing the social pedagogy approach 'in action', some residential workers suggested that it would have been beneficial for workers from England to visit continental Europe:

*I think what would have been useful with the way this project went about was that if ... some of the staff had been able to go and see what it's like over in Germany in situ – rather than them just coming over here and we're seeing it. 'Cos we can only see parts of it here. I think it would have been a really, really positive thing if people had been able to go across and spend a couple of weeks in a children's home with the social pedagogues ... shadowing them. 'Cos we've only seen it with having [SPs] here – we haven't seen it sort of in proper work – 'cos there are the limitations over here.*

There were no particular differences across the Pilot groups in the views of residential workers on the role of the SPs. However, dissatisfaction with the role of the SPs was more apparent in homes where there had been difficulties with the SPs.

### **Views on the qualifications and experience of SPs**

Training for children's residential care in England is very different from the specialist training and professional qualifications held by professionals in other European countries.

Residential work in continental Europe tends to be higher status with requirements for higher level professional qualifications (Petrie *et al.*, 2006). The professional qualifications of the SPs were discussed by several of the groups of residential workers.

Residential workers in a few homes did value the extensive knowledge that the SPs had as a result of their training. However, in many homes, residential workers were keen to emphasise that qualifications did not ensure that you were a good residential worker and the personal qualities that staff brought to the job were more important:

*It's like saying 'Here we go, you've got three members of staff who have got first class Psychology degrees' – that doesn't make them good residential workers. It makes them very knowledgeable and highly qualified – it doesn't make them good residential workers.*

Residential workers from a different home gave the same view:

RW1 *Well yeah, because a lot of us have children. You know I have four children up to 20 year-old now – you know that's experience of the years as well isn't it? Although it's not official training, but we've got something then haven't we?*

RW2 *... sometimes the young people come and talk to you, and they talk to you more because you can talk on their level, not because you've got a diploma in this or training in that. It's because they know they can trust you and you're going to listen and you're not going to judge them. So I think that's more important.*

In a third home, residential workers said the same:

RW1 *[The SPs] would hands down probably beat any of us in an exam or academically, whatever, I wouldn't even question it.*

RW2 *That's only a little percentage of working in residential.*

RW1 *It is ... but it's only 10 per cent of your job, and the 90 per cent if it is what's built within you.*

One particular group of residential workers did not appear to value qualifications at all:

*I'd sooner have a bank robber who wanted to go straight working here than someone who's got loads of qualifications and has had their head in the books for the last 10 or 15 years and [was] coming into residential, a children's home.*

In another home, the importance of personality rather than professional qualifications *per se* was highlighted:

*It's down to individual personalities. So if you've got somebody who is particularly eager, enthusiastic and keen, it doesn't really matter what the background is – they are going to be more productive in maybe the way they work with young people, or the things that they offer and do with the young people. But that for me isn't pedagogical it's just personalities.*

The difference in the level of professional qualifications between residential workers and SPs may result in difficult feelings for residential workers, highlighted by the following two quotes from different homes:

*... especially when they said social pedagogues were [coming] in, I think we felt very inferior ... or I did ... that somebody better was going to come in and they were going to do this. Even though I've got NVQ3, these people were going to come in and be much better. You know and you felt as if you weren't doing it properly ... your job wasn't being done properly then.*

*I think a lot of staff feel threatened by them [SPs] because they're more qualified and they think that they've been sent over to show us how it's done – which isn't the case. But that's how a lot of staff feel about it don't they? ... And a lot of staff are scared of education and they're worried that they're going to have to go through courses and things now aren't they?*

This does not bode well if we want staff to be aspirational in promoting young people's educational achievements.

The views of residential workers about specialist training and professional qualifications certainly warrant further consideration as a factor which may influence workers' willingness to embrace new ways of working. There were no notable group differences in residential workers' views on qualifications. However, discussion of specialist training and possessing professional qualifications was much more likely in homes where there had been difficulties, perhaps because in these homes the Pilot had not lived up to the expectations of the residential workers. Where there had been issues relating to the skills and abilities of SPs, residential workers may not have seen any appreciable benefit of the specialist training and professional qualifications the SPs had.

In Chapter 3 we reported that the SPs as a group were professionally qualified but were relatively inexperienced. Additionally, residential care in Germany and other European countries is different to that found in England. Where time permitted, we asked residential workers for their views on whether SPs needed any particular training or experience to work in England. In a few homes, residential workers considered that SPs needed to be given more information about the English system because it took time for them to learn about policies and procedures. One residential worker suggested that previous experience of working in England would be beneficial. In another home where one SP had worked in England before, this was certainly perceived as beneficial. A few residential workers spoke about large cultural differences for SPs who had not had experience of England.

Residential workers from a few homes discussed the necessity of the SPs having previous experience of working in residential care. They believed that SPs needed a certain amount

of experience before coming to work in a children's residential home in England; one residential worker suggested a minimum of two years' experience.

### **Advice for homes thinking of employing SPs or introducing social pedagogy**

We asked residential workers what advice they would give to homes that were thinking of employing SPs or introducing social pedagogy? Much of the discussion in response to this question focused on the role of the SPs and their qualifications and experience. This is discussed earlier in the chapter. We will now discuss other issues highlighted.

Workers from a couple of homes suggested that staff from the UK could have been trained in social pedagogy rather than bringing in SPs from Europe because English staff would find it '*easier to incorporate it into the existing environment*'. In one of these homes this proposal was in response to significant cultural differences between the SPs and English young people: the SPs had struggled to understand the street language and culture of inner-city young people. A suggested way of resolving this was for English workers to gain some experience in continental Europe:

*... they should have basically got some people qualified from the UK and maybe put them in the environment over there [Europe] to get those skills, and then bring them back here to implement them.*

A residential worker from another home suggested that homes should consult with their staff team so that they are able to build on the existing skills that staff already have. Residential workers from one home said that their learning and professional development was a continuous process, so if having SPs in the home meant that they learnt something additional that benefitted their work, then it was worthwhile. These residential workers also emphasised that it was positive for young people to meet people from different countries and learn about different cultures. In another home, residential workers believed that employing SPs in the home was '*a good thing*' but cautioned that there might possibly be conflict or issues with language skills.

The most extensive advice to homes thinking of employing SPs or introducing social pedagogy came from a Group 3 home where the SP had taken on a wider consultancy role. The residential workers gave a number of positive pieces of advice. They suggested that it needs to be a whole-team approach:

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*If a few of you do it, you know, and a couple of you don't do it, you're going to reinforce all the wrong things. It only needs one person to come along and reinforce the wrong things.*

Residential workers from this home also emphasised the importance of having good working relationships within the team:

*Like I said we were lucky that we've got a strong team and we've been together a long time to actually then start to look at it. If you've got a very fragmented team, I don't think you could do it until you did some other work first before you actually even start to try and do it.*

The importance of supporting each other and being patient when working in a person-centred way with young people were also highlighted by residential workers from this home.

### **Should social pedagogy be introduced into English children's homes?**

Given that residential workers did not frequently identify large differences between their own practice and that of SPs and perceived changes in practice in homes tended to be small, we were interested to discover residential workers' views on whether social pedagogy should be developed more widely in England. The fact that there were difficulties in some homes during the Pilot may have impacted on residential workers' overall views of social pedagogy. Arguably, residential workers may be concerned about the introduction of a new approach involving specialist training and qualifications as they may fear losing their own jobs if they do not re-train. Alternatively, they may support increasing the professional status of their sector.

Residential workers in most of the homes thought that social pedagogy should be developed more broadly in England. Despite being generally supportive of the approach, the residential workers did raise some caveats. In a few homes, residential workers suggested that an English version of social pedagogy should be developed rather than importing a continental European model. Residential workers from a small number of homes said that it would be useful to incorporate elements of social pedagogy or not use it exclusively, implying that social pedagogy could be used alongside other approaches.

There was one home where residential workers were unsure about whether social pedagogy should be used more widely because they had had difficult experiences within the Pilot. Residential workers from another home did not think social pedagogy should be developed further in England because they did not believe it was suitable for the older age-group of

young people that homes tend to work with. They did, however, suggest that social pedagogy might be useful for work with younger children.

In a minority of homes, residential workers specifically indicated that they would be keen to undertake additional training and professional qualifications. Residential workers in one home believed that '*we need the best possible training*' as the most vulnerable and damaged children in the care system deserve to be cared for by staff with all the knowledge and skills to work with them. For residential workers in another home, gaining a recognised, professional qualification would be an opportunity for the status of residential care work to be raised (see earlier). However, residential workers from a few homes highlighted difficulties with the practicalities of training for staff. There were concerns about releasing staff to undertake professional qualifications and income for staff who were studying. Other staff were pessimistic about the available budgets for training and believed that it would be unlikely to happen because of this.

The difficulties of changing existing ways of working in homes were mentioned by a small group of residential workers:

*... the English are ... we are as a whole quite set in our ways ... that is the whole country as a whole ... and sometimes we do find change quite difficult to take.*

Residential workers from a small number of homes also highlighted that the wider development of social pedagogy would require broader systemic changes. For example, one residential worker emphasised that residential care needs to become '*first choice*' as a placement for young people rather than a last resort at the '*bottom of the pile*'. In another home, residential workers spoke about the need to change the system so that residential workers could take on more responsibility and make decisions in a similar way to SPs in Europe:

*You know, somebody would have to be able to say right you know you are competent to do this, you can do that, you no longer have to ask the social worker.*

*The young people could only benefit from staff being able to do things without having to check things out all the time.*

Another residential worker from a different home emphasised the need to consider wider policies that are linked to outcomes for young people:

*So if they pick up this tiny little marble, plonk it over here – is it going to make a big difference? Who knows? The education system, if they don't look at the education system, if they don't look at social services as a whole, social support networks, the breakdown of communities – they don't look at the massive picture that is actually connected to all of this ...*

## Conclusion

In the nine Intensive Sample homes, residential workers frequently stated that they did not consider the practice of the SPs to be particularly different from their own practice. However, as discussions progressed they identified a few differences: activities with young people; theoretical approach to the work; and reflection on practice. Residential workers also spoke about more general differences between residential care in England and in other European countries. It may be that residential workers were less able to identify differences because the SPs were often occupying the same roles as the residential workers.

Small changes in practice had taken place in many homes with more significant developments apparent in a small number of homes. Examples of changes were varied but included staff communication and reflection on practice. However, residential workers were sometimes keen to emphasise that changes reinforced existing practice and were not unfamiliar to homes. In these homes SPs were perhaps reinforcing consistency in good practice. Training or information on social pedagogy had not been extensive and understanding of social pedagogy amongst residential workers was generally limited.

Residential workers expressed views about the role of the SPs in the Pilot. The ability of SPs to have an influence in the home whilst being employed in a residential worker role was of concern to many staff. Employing SPs in a supervisory or supernumerary role was considered to be preferable. A few residential workers saw benefit to them spending time overseas observing SPs in their own setting.

The SPs were a better professionally qualified group, but in many homes residential workers were keen to emphasise that possessing qualifications in itself did not ensure that an individual was a good residential worker: the personal qualities that staff brought to the job were more important.

Interestingly, the majority of residential workers were positive about the wider introduction of social pedagogy into English residential care. Yet they did identify potential problems including changing established cultures in homes and the practicalities of training staff. The need for wider system changes was also highlighted.

## Summary points

- Focus groups and interviews were held with residential workers from the nine Intensive Sample homes in Groups 1-3 which employed SPs.
- The majority of groups of residential workers considered that practice was generally similar between residential workers and SPs but during more in-depth discussions many could identify differences. The main areas of difference were activities with young people; theoretical approach to the work; and reflection on practice.
- There had been changes in practice in most homes during the Pilot according to residential workers. However, some residential workers were keen to emphasise that changes often reinforced existing practice and were not unfamiliar to homes.
- The understanding of social pedagogy amongst residential workers was generally limited and, in their view, the training or information provided was not extensive.
- Residential workers had concerns about the effectiveness of implementing social pedagogy when SPs were employed in residential worker roles. Some residential workers suggested that SPs should be supernumerary to the other staff or should take on more supervisory positions.
- Discussion of the training, professional qualifications and experience of the SPs was a recurring theme. In many homes residential workers emphasised that qualifications did not ensure that you were a good residential worker and the personal qualities that staff brought to the job were more important.
- Residential workers in most of the homes thought that social pedagogy should be developed more broadly in England. However, the possibility of an English version of social pedagogy or the introduction of some elements alongside other approaches were proposed. Residential workers were keen to raise the status of their profession and a few saw social pedagogy as a way to achieve this. Wider systems would have to adapt.



## **9. Young people's perspectives**

The research team conducted interviews with young people in ten of the 12 homes in the Intensive Sample. The group interviews with young people were not part of the planned methods for the short-breaks/education units and in one other home, the research visit was cut short due to difficulties in the home at the time and the group interview with young people was cancelled. The group and individual interviews were facilitated by one or two researchers who had spent time in the home getting to know the young people. Interviews were undertaken in the latter stages of the research (see Chapter 2 for further information about the research process). The recorded meetings lasted between 15 minutes and more than an hour. In two homes, young people declined to be recorded and researchers took notes of what was said in the interview. The interviews were with between one to five young people. Where possible, all of the participants in the home were interviewed in a single group but sometimes this was not possible, so interviews were conducted individually or in pairs.

The aim of this part of the study was to examine and compare young people's views of living in homes which employ SPs and the comparison homes. We wanted to know if young people perceived that SPs were offering a different kind of care experience compared with other residential workers and if SPs were felt to have an influence on the overall practices in the homes. It is important to reiterate that SPs had been in the homes for just over a year at most at the time of our meetings with young people and, also, that some of the young people had been living in the homes for only a few months. Within young people's residential care, it may take a while for young people to trust new workers and the SPs may have been at a disadvantage in this respect, because they were employed quite recently and for a finite period.

The young people who participated in the group interviews came from two homes in Group 1, three homes in Group 2, two homes in Group 3 and three homes in Group 4. Participation in the interviews was voluntary and, as researchers, we were to some extent depending on workers to encourage young people to take part. We are aware that the young people who were less happy in the homes may have been less motivated to take part in our meetings, and also that young people who were dissatisfied and wanted to complain about conditions in the home may also have wished to talk to us. Of the 27 young people participating in this part of the study, just over half of the participants were male. Their estimated mean length of stay was just under a year (for those who gave us this information).

Our interview guide for young people explored their general feelings about living in the home, including whether there were enough activities, whether they felt staff were fair and if there were people they could turn to for support. We then asked young people to choose their preferred workers for six different imaginary scenarios where the young person might need the help of an adult; here we analysed whether or not SPs were chosen in preference to other residential workers and the reasons for the choices given. Most young people who were interviewed expressed a preference for workers who were the same gender as themselves; and because half of our sample were male, it may be that they were less likely to mention the mainly female SPs as people that they would turn to for help. It would be interesting to explore this further.

In the last part of the interview, we asked young people to focus on any impact they thought the SPs had had in the home. Comparison interviews were also carried out in order to see if there were any differences in the ways that young people in these homes perceived the staff in their residential units when compared with the young people living in Pilot homes.

This chapter begins with brief case studies for each of the homes in the study, presenting the Group 1-3 homes followed by the comparisons. At the end of the chapter we summarise the views of young people in each of the study groups.

## **Pilot homes: Groups 1-3**

### ***Home A***

In Home A, one young person took part in the interview. This young person had strong opinions about the way the home operated. They said that there was not enough to do in the home. S/he<sup>20</sup> felt that s/he did not have help from staff with schoolwork and talked about the hour between getting home from school and the television being switched on as a difficult time in the day:

*If I come back for example at 2.30 ... the TV doesn't come on until 3.30 and I'm just sitting here doing nothing, and it's just boring and they're all working in the office ...*

When asked about how well people got on in the home, this young person said:

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<sup>20</sup> S/he has been used where appropriate in this chapter in order to protect the confidentiality of the young people who took part in the interviews. Some details have also been changed or omitted for the same reason.

*I don't know, we don't agree on, I don't know we just have arguments and it's hard to live here and there's people that you don't really get on with.*

And concerning views about the staff in the home, s/he replied:

*Yes I don't know ... I don't really think they do work, they just sit in the office laughing, having jokes and stuff. And they tell the young people they're going ... to do work.*

When asked about fairness in the home, the young person focused on not being able to have a TV in her/his room like the other young people who lived there and the issue of bedtimes, which were thought to be too early.

It is clear that this young person felt unhappy in the home for a number of reasons. The comments about staff show that s/he did not feel supported in this environment; s/he found it difficult to trust the staff who were responsible for young people in the home. The young person could name a member of staff s/he could get on with but this was after speaking at length about the staff that they disliked:

Res     *Thinking about the staff that are working now here, is there any one of them in particular that you like to spend time with?*

YP     *Not really, don't think so. Sometimes, I don't know it's just, not really, it's not like I don't have favourites, just some I don't want to spend time with, but I don't want to spend with ... [participant goes on to give several names of residential workers] ... I don't really know who I can talk to, because a lot of staff if I told them not to tell anyone, they might tell people. And I don't like them writing logs of what my life is, like if I go out to the shop they'll put I went to the shop down, and lots of people can read it, whatever I do.*

In an activity designed for this study, young people were asked to choose their preferred residential worker in six imaginary, scenarios where young people might seek assistance from a member of staff. These were: a time when the young person feels angry or upset; needs help with school, college or work; needs help with preparing food; would like to go out on a visit or trip; would like help with a practical task; or would like to talk to someone about having a problem with a friend.

The young person was able to name two members of staff (non-SPs), who would be asked if help was needed with preparing food or with another practical task. S/he was happy to go out for trips with several members of staff but on the issue of emotional support, given the

example of having problems with a friend or being angry or upset, the young person was unforthcoming in naming a member of staff to be approached.

Asked about experience of the two SPs in the home, this young person did not feel that there was any difference in the way that the SPs worked compared with other staff. The young person had been in the home for only a short time, so was unable to describe what things had been like before the arrival of the SPs. When asked what s/he would like to change in the home, s/he said later bedtimes and more things to do in the home.

As this young person had only recently come to live in the residential unit, these negative views of the circumstances might possibly change in time, if given more opportunities to get to know staff and to adjust to life in a residential unit. Nonetheless, this young person's criticisms of staff insensitivity to young people's needs for stimulation and interaction were supported by our observations in the home.

### **Home B**

In this unit, young people were very positive about the activities on offer; they spoke enthusiastically about trips abroad, going to a concert, going to football matches. One young person said '*Yeah, they take you loads of places. Good behaviour, good rules.*'

The two young people who had been in the home before the SPs arrived said that they did not think anything had changed in the home as a result of the SPs coming. Young people in the home spoke about difficulties in getting on with each other in the past. One young person in particular had been violent to staff and had been arrested several times. After spending time away from the home, s/he felt that s/he had got on much better in the home. Generally, there were positive views of staff, for example one young person said '*I think the staff are all like really friendly and reassuring.*'

Two of the young people in this group were not well engaged in education. Although workers made regular efforts to encourage young people in their education, these efforts were not always successful:

- Res     *Did you feel that the people here in the home were trying to engage you in terms of your education or finding a job ...?*
- YP       *Yeah they told you, but you just need to tell them to F- off and then go back to sleep.*
- Res     *But they were like asking you and giving you advice?*

YP *They told me to get up in the morning and ... but I just used to lock my door and go back to sleep.*

All of the young people said that they were able to get time with staff if they needed to talk. In the activity asking young people which residential worker would be their preference if they were to seek help in six different situations, none of the young people chose SPs. There were two SPs and ten residential workers working in Home B.

The young people did not think that the arrival of the SPs had led to changes in the home and could not really suggest any ways in which they were different from other residential workers. They did say that one of the SPs was more lenient than other staff, and when they first met the SP their impression was that *'it would be easy to get what you want with [them]'*.

Asked about things that they would like to change in the home, one young person suggested that the pocket money should be increased; another that they wanted to be able to use Facebook and other internet sites (just like their peers); and another commented that they would not change a thing, that they had been very happy in the home. Young people in this group interview were very positive about life in the home. It is clear that, even after leaving the unit, young people were motivated to keep links with the workers that they had known when they were residents. However, SPs employed in the home did not seem to have made a significant impression on the young people.

### **Home C**

Young people enjoyed a number of activities such as board games, creative arts activities, gardening, cooking playing on the Wii and using computers. They said that the amount of activity done by residents had not really changed since the SPs arrived.

When asked if young people were treated fairly in the home, one participant said, *'I'd say we're treated the best out of all the homes'*. S/he had lived in several other homes and felt sure that C was the best unit in the area. Staff were generally thought of as helpful and encouraging in young people's schooling, with one young person saying, *'Yeah, I'm always getting told to find a job'*. The two focus group participants who had been in the home for over a year seemed secure in the home, recognising staff efforts to support young people:

YP *... so they're like, 'You have to do your homework'.*

Res *Very supportive? What about getting you to school?*

YP *Everything, not only school – they're very supportive with everything ...*

There was also mutual support amongst young people.

*... sometimes even not only staff - we ask for help from each other as well ... If I needed some help I would ask [young person's name] ...*

When the young people were asked who they would turn to if they felt angry or upset, two of the three people chose one of the SPs as their first choice. One said:

YP *If I was angry or upset I would definitely go to [SP1] because she understands you, she knows how you feel. She wouldn't like go at you screaming or shouting. And another thing I just found out about her – she's been studying ... Psychology, the mind.*

Res *Has she?*

YP *And she goes to me that she knows when somebody is like angry or upset. She understands them ...*

And another participant said that the SP was:

*... just special and she just understands you like from the bottom of your heart, like what you mean and like what you're talking about. Other staff ... they think they know everything, but [she's] not like that, she doesn't choose her opinion over you – she chooses your opinion like. She explains things to you ... because every time I've had a problem, after talking to her I just feel so, so good, and I feel happy again.*

Here the young person expresses their feeling of being supported and cared for by the SP. One of these young people said that s/he felt so close to the SP that s/he sometimes called her 'mum'. The third participant chose two non-SPs as the staff members they would turn to for help if s/he was angry or upset.

Young people then discussed whom they would ask for help with school work. The SP mentioned above was chosen as first choice by one of the girls. The home manager was also chosen because s/he was 'clever' and had 'a lot of education'. The other two young women chose other residential workers (not SPs).

Young people were then asked to say which adult they would ask for help with preparing food. The SP mentioned above was chosen as second choice by one of the participants. In response to this question, one of the young women said: that a residential worker was 'the best cook in the world'.

Stating who they liked to go out for trips with, one young person chose the SP and another residential worker, valuing the level of control that these two workers gave to young people:

YP1     *Yeah because I could have a good time with them and I could enjoy myself.*

YP2     *And with [SP2] and [RW] they're like ... you're the boss so we'll just follow you, you could do whatever you want ...*

The other two young people who responded to this question, did not choose SPs as their preferred workers for going out on trips.

When asked who they would turn to for practical help, young people in this group spoke about non-SPs as the workers they would ask. With the last question (who young people would turn to if they were *having a problem with a friend*), all three young people mentioned a SP as their first or second choice. One young person said that s/he would wait for her favourite workers (a SP and a non-SP) to become available rather than choose to speak to one of the other workers. One young person explained that s/he preferred a worker with a sense of humour, s/he said:

*[I would choose RW] ... 'cos [s/he] would make you laugh after it.*

It is also interesting to note that only one of the young people had a SP as a keyworker. One young person spoke about how the residents were first introduced to the new SPs. Several applicants were given a tour of the home. S/he described the first meeting as a difficult one:

YP       *I just opened the door and there were loads of Germans ... (laughs)  
              There were about 16 Germans just all coming in, and I couldn't  
              understand them and all that.*

Res      16?

YP       *Going on a tour upstairs, there were loads of them.*

Another young person expressed her apprehension when s/he was told that new staff would be coming to the home. S/he said:

YP       *I didn't want them to come.*

Res      *And you were saying you didn't want them to come, what because it was  
              somebody new or because it was something different?*

YP       *'Cos I didn't fancy getting to know.*

- Res     *New people. Because there are a lot of people coming and going?*  
YP     *But I'm glad they have.*

When researchers asked if young people could see any differences between the SPs and residential workers in general, they first spoke about the foot massages given by one of the SPs. The young women really enjoyed these sessions. Furthermore, they spoke about both SPs being more assertive and keeping boundaries with young residents who could be threatening or aggressive towards other residents and staff.

- YP1     *... when we used to get [name and name], they used to kick off and get in staff's faces a lot, and staff were just like ... wouldn't do anything about it. But SP1 and SP2 made me laugh because they didn't back down ...*  
YP2     *They'd stay there and they wouldn't move ... Oh my God, because a lot of the staff were just like ... they looked like they'd get a bit scared, but them two weren't ... they're like a person on a mission.*  
Res     *What so they'd deal with it differently?*  
YP2     *Yeah.*  
YP2     *They deal with it in a better way. And I think the staff just walking away from them is just stupid.*  
YP2     *... but SP1 and SP2 just tell them how it is, tell [it] straight 'Don't speak to them like that'. Because they don't like it ...*

In this home the SPs had clearly made a good impression on the two young people who had been living in the home for well over a year. Young people were able to identify the ways that SPs worked differently compared to other residential workers. Here the SPs' emotional support and their method for managing the threatening behaviour of some young people were valued highly by two of the young people in the group interview.

Young people in this interview showed a definite preference for the SPs compared with other residential workers in the home. They gave examples where SPs had behaved in a different way compared with other residential workers by directly challenging aggressive young people and by offering physical contact through massage. Views of the home in general also seemed very positive compared with views expressed in other homes in our study. Young people clearly felt well cared for by staff at home C.



### Home D

At the start of the interview, the three young people agreed that there was little to do in the home. One of them said: *'Normally all there is to do is watch TV or go on the computer'*. And when the researcher asked what else they might like to do, one replied:

*Go out more like, probably like go to the park, play a bit of football or something. Or ... do like day trips every like two weeks – once every two weeks. Like go bowling or cinema or something.*

This young person talks about inexpensive, simple activities that merely require the time of residential workers. Another person said that they would like to *'watch TV between nine and three [daytime]'*. Understandably, homes have a policy that young people are not permitted to watch television during the daytime but it is interesting to note when young people talk about a lack of availability of alternative activities within the unit.

When asked about how well people got along in the home, participants offered mixed views asserting that, although there were strong friendships amongst the young people living in the home, there were also tensions. One resident stated very clearly that young people did not get on and another said that s/he was *'being kept up most of the night'*. One or two residents often made lots of noise into the early hours of the morning, two of the residents felt that this was unacceptable and unfair. When we asked how fair young people thought staff were in the home in general, one young person said that s/he felt there were different rules for some of the residents:

*... some people have to be in bed strictly on time, where other people can come back at one in the morning and no one does anything about it.*

Most of the young people living in this home were not accessing education or training. Two young people said that they did not need help or support from staff with their education or finding work: one because they felt they could independently do well at school and the other because they did not want to be in education. Another participant was grateful for support from staff:

YP *I feel I get enough help looking for jobs and stuff.*

Res *Excellent. What sort of help do you get?*

YP *Like they encourage me to walk, they come with me sometimes. I go to Connexions, I get help from Connexions. My YOT worker, she helps me a lot.*

When asked if there was anyone that they particularly liked to spend time with, two of the young people named one of the SPs. The other young person mentioned two other members of staff who were not SPs. We note here that all of the young people in this group chose workers who were the same gender as themselves.

Two of the three young people were very vocal in their opinion that they did not get enough time with staff on an individual basis and one participant, who had been in the home for a very short time, responded '*probably not*' when we asked if s/he felt that young people were able to get time with staff. A conversation between the young people describes their outlook:

- Res     *In general do you feel each of you that you get enough one to one time with staff?*
- YP1     *Depends ...*
- Res     *... so tell me why you say no.*
- YP2     *Because I don't.*
- Res     *Okay...Are there particular times of day or ...*
- YP2     *Maybe if the people come out of the office more.*
- YP1     *Come out the office?*
- YP2     *Yeah.*
- YP1     *Oh yeah, they're always in there during the day.*
- YP2     *Yeah. And say if I'm not doing anything they're just sitting there talking.*
- YP1     *Or writing ...*
- YP2     *While we're sitting here bored with no TV, not doing anything.*
- YP3     *I think ... [they] ... should play a board game or something with us.*
- YP1     *And the only person that does is [name of SP].*
- YP2     *Maybe, sometimes. Not always.*

This view was supported by our observations in the home. We noted that, on a couple of occasions, young people sought attention from staff who did not respond.

In Home D, young people did not appear to seek out support from the SPs in particular. They choose both SPs and non-SPs as their preferences for the different situations. One young person joked that the SP was their sibling and was '*good at everything*'. Two young people in this group interview said that they liked workers who could make them laugh. One young person, about whom the home had many concerns, said:

*Even though I'm not meant to come back drunk ... we still have a good laugh about it ... obviously she's encouraging me, but ... we have a good laugh ... she understands where I'm coming from ... I think they all understand ... like what we do is understandable if you see what I mean ...*

This young person appeared to be drawn to workers who might understand rather than challenge her behaviour.

When asked about what they would change about this home, young people in this group focused on aspects of the rules that they believed were unfair. One young person was unhappy that s/he had been reported missing several times, despite having spoken to workers on the phone, telling them that s/he was safe. Bedtimes and not being allowed to invite people to their rooms were also mentioned as aspects of the home life that they would want to change.

The three young people taking part in this group interview had mixed views about the quality of life in the home. There were workers that each of the young people felt that they could turn to, including one of the SPs. However, they all expressed some dissatisfaction with the general lack of engagement from staff and an absence of interesting things to do in the home. One of several SPs was preferred by two of the young people (alongside other members of staff) but other SPs working in the home were not mentioned at all.

### **Home E**

Young people felt that there was not much to do around this home. One talked about a day out to a theme park but three of the five young people said that the home was boring. They said that there was not anything to do apart from watching television and that rules about bedtimes and the time they had to arrive back at the home were unwelcome. One young person was unhappy that a staff member had been rude when s/he came home late one night. Furthermore, two young people spoke about how difficult it was to have their friends judged by staff, having restrictions placed on which friends young people could invite into the home.

Young people did not perceive any difference in the way that the home had functioned since the SPs had been in post but one of the SPs was mentioned as the favourite worker of one young person. S/he said '*[name of SP] is like a mum, [name of RW] is like an auntie.*' One young person said that there were only two members of staff that s/he trusted (two residential workers – not SPs). There seemed to be a general feeling amongst the young people that they were not treated well in the home. The question about fairness revealed

that some animosity towards staff was held by two of the young people. One of them said: *'Staff always think they're right ... You can't argue with an adult.'*

Despite the above picture, young people were all able to mention several members of staff that they could turn to in different kinds of situations. None of the young people had SPs as their keyworkers. Three of the five young people included SPs amongst their favourite workers with two young people choosing both SPs as the people they felt most comfortable talking to.

One young person said that one of the SPs was unusual in the home because they were helpful in discussions about 'A' levels and university and that other staff did not offer this kind of support. One of the SPs was described as being *'like a mum, like a best friend'*. This was the second young person to call this SP *'mum'*.

Participants also spoke about the lack of privacy in the home. They were concerned that staff could come into young people's rooms, that staff wrote things about young people in the log book and that they made judgements about friends coming to visit. The log book seemed to be a particularly contentious topic for three of the young people, who felt that it was unfair that young people were not allowed to see what had been written about them.

In terms of preferences for different workers, two young people selected SPs as the first choice of someone to go to if they were angry or upset and SPs were identified as second choice in two cases. Asked about help with school or college or work, two young people named SPs as both first and second choice, one young person chose a SP as their second choice, one mentioned other residential workers and another young person did not state a preference for any of the workers saying they would rather ask for help outside of the home. SPs were chosen as the person to ask for help with making food only by one young person (second choice). When asked who they like to go for trips out with, two young people included a SP as a relevant person. For practical help, three young people identified a SP as someone who would be helpful. In the last section, where young people were asked which worker they would turn to if they were having a problem with a friend, one young person named SPs as first and second choice and another two identified the SP as their first or second choice.

Young people were unable to describe anything particularly different about the SPs compared with other residential workers. When asked about what they would change in the home, one young person said that bedtimes and times to come back to the home should be later. Another talked about the difference between mentoring and keyworking, preferring the

former. They suggested that keyworker sessions should allow more space for young people to do most of the talking and have more control over what was discussed.

In this home, young people had mixed views of the unit with complaints about bedtimes, the monitoring of friendships and the daily records about each of the young people. However, SPs were described in affectionate and positive terms within the young people's group interview and they were praised for providing valuable support to young people.

### **Home F**

At Home F we interviewed one young person. S/he said that there were enough things to do in the home and spoke enthusiastically about holidays, trips out, playing football in the back garden and playing with the games console. The SPs were at the home before this young person moved in so was unable to say if any differences had occurred since they had arrived. The young person expressed a view that residents in the house had positive relationships and that some of the staff also got along well. The young person was able to name two residential workers (not SPs) that s/he liked to spend time with.

This young person believed that residents were generally treated well in the home and described the financial incentives that were present for good behaviour. S/he attended college and was able to ask staff for help with homework:

- YP      *Yeah. I mean I don't get help at college because I don't like need it really, I don't need help at college ... At home, when I do my homework, I can just ask them and - say yeah what's the question and they try and, don't give me the answers they just try and explain what you need to do and that.*
- Res      *Oh, and do you prefer that way than the answer?*
- YP      *Yeah.*

This young person did not choose SPs as preferred workers in the activity, s/he chose three workers as the main people to go to if support were needed for emotional, relationship and practical difficulties. They did not perceive a difference in the way that the SPs worked compared with the other members of staff. At the end of the interview, the young person could not think of anything that s/he wanted to change about the home. S/he said that s/he was unhappy when first coming to the home but was now more positive. It had taken some time to settle into the home, having lived at several places before. The young person did seem very settled in the residential unit and presented a view of staff as accessible and supportive.

### **Home G**

Two of the young people were satisfied with the activities available at the home; they included bowling, cooking, games and artwork. The other young person said that there was not enough to do but did mention watching television and using the computer.

Two young people who had lived in the home for a while agreed that things had changed at the home with the arrival of the SPs:

- Res *And has it changed, how much there is to do in the house over the last year or so?*
- YP *I reckon it has.*
- Res *... In what way do you think it's changed?*
- YP *Since the pedagogues moved in, they're like ... they do more things and everything. Things like other staff wouldn't do.*
- Res *Like what?*
- YP *Like took us to [name] and everything, to go and watch [a performance].*
- YP2 *And [name of SP] used to come out and play football with us. (laughs)*
- YP *Yeah, it's just like get out and do things isn't it, with the pedagogues.*
- Res *Oh right.*
- YP2 *And walk more than just drive.*
- Res *Okay. And is it just the pedagogues that do that kind of thing [walking]?*
- YP2 *There's only one [other] member of staff that walks with us, that's [name of worker].*

These two young people clearly associated the SPs with the increased number of activities available to young people in the home. Looking at the quality of relationships in the home, they said that things had been difficult in the past but they had become much better recently. They explained that in the past, two young people had been '*racist towards the German people [SPs]*' and that things had calmed down since one of these residents had left. When asked how well people got along in the home, they said

- YP *It's got better in the last couple of months.*
- Res *And what's it like when people get on? What do you like about it at the moment?*
- YP *It just like feels homely when everyone just like gets on, yeah.*
- Res *Do you think the same?*
- YP2 *Yeah. All on the same level isn't it really, than one person arguing at another person 'You've got this, you've got that' ...*

The other young person thought that people got on reasonably well in the home, although s/he mentioned that s/he disliked one of the workers.

When asked about fairness, one of the young people said that life was generally fair in the home with particular actions leading to consequences for all of the residents. The other two people were less certain about the fairness issue, thinking that sometimes certain young people were allowed to go out when others were not. Then one of the young people went on to say that the other was advantaged because s/he had the SP as her keyworker.

When asked about people that they particularly got on with in the home, one young person mentioned the SP alongside three other members of staff. Asked if young people got enough support for school and college, all three of the young people said 'yes'. One of the young people mentioned that one of the SPs was very vocal in challenging her about non-school attendance:

- Res     *... And has that changed over the last year or just over a year since the pedagogues have been here?*
- YP2     *[SP name], yeah. 'Cos she's always talking about 'You've got to go to school' – she's always there to bug you about it. So ... with me it has.*
- Res     *Okay, oh right okay.*
- YP2     *She's always there to bug me constantly.*
- Res     *... so does it make a difference ... has [name of SP] made a difference compared to those other keyworkers?*
- YP2     *Yeah.*

Another young person valued the help that was on offer for homework. S/he felt able to go to the office to ask for help when s/he needed it.

When asked about the staff that they preferred, each young person could name at least two members of staff with whom they felt they had a particular rapport. One of the young people mentioned a SP amongst four workers that s/he felt able s/he could talk easily with. All of the young people felt that there was enough one-to-one time with staff in the home.

In the detailed activity about preferred workers, two young people did not choose the SP as their preference for any of six scenarios mentioned. When asked why they chose particular workers, young people sometimes found it difficult to say. For example, one young person said *'I like her. That's it', 'she just makes me laugh', 'she makes me do my homework so I*

*make her come and help me.'* She chose a variety of workers. This young person did not choose either of the SPs as preferred people for any of the scenarios. It was encouraging that a young person, who had been in the home for just a short time, found it very easy to name members of staff that s/he could turn to for help in the given situations.

The second young person identified two workers that s/he could turn to if angry or upset. When describing the other choices s/he showed a clear assessment of the strengths and weaknesses of different workers, choosing the most educated for help with school, the most practical for help with fixing things, etc.

Another young person chose a SP as first or second choice in all but one of the categories. When asked who s/he would go to for help if s/he was angry or upset, this young person described the kind of support s/he was able to get from staff:

*I'd go to [name of RW1] because she's like ... she just like talks you down ... just sits there with you, sits there for hours and has a conversation with you. [name of RW2] takes you out to have a conversation, if you're like pissed off ... she'll take you out and calm you down.*

One young person mentioned the SP as someone to go out with on trips, someone who could be helpful for help with homework, preparing food or doing a practical task. When asked who they would turn to if they had a problem with friends, a young person mentioned the same SP.

We also asked young people if they could see any difference between the SPs and other residential workers. One young person gave an interesting reply about walking:

- Res     *Do you see anything different about the way that [name of SP] works compared to the other workers?*
- YP     *Apart from --- she goes 'do you want to go for a walk?' Nah.*
- Res     *Right, what's that, what's that make you feel when she says that, go for a walk?*
- YP     *You've got...Got another German person.*
- Res     *[name of SP]*
- YP     *Yeah we've got her as well. We've only just...if you say you want to go out they just both turn round and go, let's go for a walk. What's with German people like doing other than walking?*
- Res     *Do you like walking?*
- YP     *No I hate it.*



- Res *So in the way that they relate to the people living here do you think there are any differences, apart from the walking thing?*
- YP *No not really.*

As we found in the residential workers' focus groups, this young person, who did not have a preference for the SPs, highlights a difference in what SPs do as the most noticeable difference with other residential workers. Another young person said that s/he could see marked differences in the ways that SPs worked compared with the other workers and that this was linked to their different cultural backgrounds:

- YP *Well it's a different background really isn't it – from where we come from and where they come from.*
- Res *Yeah.*
- YP *So they're bringing stuff that they do, wherever they live, and wherever we live – we show them what we do. It's just a big mix of all sorts of different things really isn't it?*

This young person appeared to value the cultural differences between him/herself and the new residential workers. It is probably no coincidence that the home had recently engaged young people in a project about cultural difference. This young person was also able to highlight the main difference that the SPs had made in the home:

- Res *And some people say that by having the pedagogues it changes the way ... other people in the home work, you know the way other staff work. Do you think the home as a whole has changed?*
- YP2 *Well we go out more. Like staff decide to take us out more.*
- Res *Oh right okay.*
- YP2 *Stuff like that, yeah.*
- Res *Yeah.*
- YP2 *And like we went to [city] with [SP] and one of the other staff. So they all join in really since they've come.*
- Res *Yeah.*
- YP2 *Don't just sit in the office all day.*
- Res *Okay, okay.*

In this home, where three SPs had worked during the Pilot period, young people had different views about each SP. One SP was a popular member of staff, particularly with the young person for whom s/he was a keyworker and another was only occasionally mentioned. A third SP, who was no longer working at the home, was described quite negatively by two young people. They said that s/he was 'creepy' and that s/he was the

target of much of the verbal taunting from young people in the home. Young people appeared to blame this SP for the abuse s/he had received from young people.

When asked what s/he would like to change in the home, one young person said that s/he would like a dog and a swimming pool. S/he also commented that s/he wanted the TV to be on during the day. Another young person thought that s/he would like the home to be more like an ordinary house without locks:

- YP      *... no locks. No locks on the cupboards, no locks on the doors, nothing.*
- Res     *Okay. Why does that really bug you?*
- YP      *'Cos it does. It's like it's meant to be our house, but they just like turn around and just put locks on everything, so we just like ... so it feels like a children's home. But they say they want it to be homely, but they put locks on it, so it don't feel homely.*
- Res     *Yeah okay.*
- YP      *And that really bugs me, it actually bugs me.*

Another young person felt that the home was too near the police station. She said that it led to young people coming into to contact with police too frequently.

Young people in Home G had developed close relationships with workers. One resident spoke very positively about her relationship with a SP but also had strong bonds with other staff. It is interesting that at least one other young person viewed the SP as a strong advocate for young people, helping them to get what they want. However, there was a contrast in the way that the SPs were regarded in this home. One was regarded very highly by at least two young people and another was less popular.

## **Comparison homes: Group 4**

### ***Home H***

One young person took part in a discussion at this home. S/he commented that life in the home was sometimes boring and that much of her time was spent outside the home. However, this young person was able to list several activities that were available and s/he felt that things had recently improved:

*... when I came in here there was hardly nothing for me to do, but now there's like a workshop ... there's basketball, there's the ... snooker table, the internet ... So there's more stuff to do now.*

In this comparison home, the young person felt that there were things that had changed in the home in the previous year. Staff were implementing a clearer policy regarding the money given to young people. Young people were now less likely to be able to buy drugs with pocket money because various items were now purchased on behalf of young people, giving them less money to spend.

When asked how people get along in the house, the young person said things were mixed, that s/he got on with some people but not with others. S/he believed that young people were not treated fairly in the home, adding that s/he was treated better than the other residents. The young person acknowledged support that s/he had from staff regarding her education.

When asked if there were staff that s/he particularly got along with, this young person was able to name several workers who were accessible. S/he felt that s/he was supported on an individual basis. In the task where the young person was asked to say who s/he would go to for assistance, three workers were listed as first choice for support in various situations. There was no difficulty suggesting who they might turn to and seemed to have a great deal of choice. This young person had a problem with self-harming but it is good to see that s/he was able to get support from staff for this difficult issue:

Res     *... And so the first one you say, you say you'd go to [name of residential worker] and [name of residential worker] if you were upset, why did you say those two?*

YP     *Because they support me ... if I was angry or upset they know like [name] talks to me about her problems ... and then it makes me think I can talk to her, talk to [name] because they went through the same, they went through a problem that I used to go through, what I go through they went through it ... depression, that's what I go through and I get upset and then I try and hurt, harm myself and then I go and talk to them because they stop me.*

In this extract, this young person expresses how important it is that staff disclose aspects of their own vulnerabilities so that the young person felt understood. We saw in Chapter 6 that this can be a feature of social pedagogy.

The young person spoke about being happy in the unit and getting a great deal of support but there still seemed to be times where s/he needed more. S/he was over 16 and living in a flat attached to the home. It appears that, because of a very difficult past, s/he might need more support than was currently on offer.

- YP *It's been, being here, I'm happy being here but when I've got problems it's like, it's got worse when I've got problems, so like I can't stay here when I've got problems because like I don't like being on my own because I'll end-up hurting myself or something.*
- Res *So where do you go when you've got problems?*
- YP *My mum's, or that I'll come down and talk to [name], and like if I can't mess up like I did here, so I tell myself, I came straight down and told [name] what happened the next day ... Then she'll talk to me about it ... but then sometimes I don't like staying here, sometimes I like going out until like one o'clock in the morning, until I get tired then I come back and go to sleep...*

However, this young person valued the nurturing approach that was on offer at the home.

Comparing the help that s/he might have if s/he had a flat away from the home, s/he seemed very pleased with the support available.

- Res *And what would you say is the best thing about living here?*
- YP *Support. They're giving you a lot of support, any help you, like when you move out you're independent and that, like if you live with your mum and that you don't feel independent because your mum's like buying, like cooking you food, washing, doing your washing but in here it's good support because they help you if you don't know how to be independent. They help you budget your money everything so it's kind of good support they give you. And then you learn to clean up after yourself as well here...*

This young person did feel supported by staff in the home. However, because of particular vulnerabilities (due no doubt to previous difficulties) the level of support offered appeared to be inadequate for this young person's needs. It is unclear if more could be done within the boundaries of current structures but it is important to note that even in situations where there were good relationships with staff, young people could still be left without adequate support.

### **Home I**

In this comparison home, four young people participated in the interviews. One young person took part in an individual discussion and the others were part of a group. All participants agreed that there was not enough to do in the home. Young people wanted to be able to go out and do more things. One young person said '*people get bored*'. Staff had limited young people's time outside the home by restricting car lifts for residents. Young people mentioned trips out, bowling, going to the cinema and going away for holidays. One young person said that they would '*like to go out every day*'.

When asked how well people got on with each other in the home, the responses were mixed with young people saying that they got on well with some of the other young people and

staff. On the topic of fairness, all three young people who answered this question felt that young people were not treated fairly in the home.

*... [young person] had his music loud and he got into trouble. [another young person] had his music loud and didn't get into trouble.*

Participants also responded negatively, when they were asked if they had enough individual time with staff. They replied:

*No. [name of residential worker] is OK.*

*No. They're always busy ...*

*You can talk to them, it's whether you choose to.*

*I don't normally tell them anything. Sometimes I speak with my social worker.*

These comments suggest a lack of trust in the workers but this negative view was contradicted by a more optimistic comment made by one participant:

Res     *What things would you like to do?*

YP1     *Go out every day.*

YP2     *Only one person in the home goes out more, [young person's name], he's loved.*

YP3     *Everyone is loved.*

Three of the young people felt that staff were available to help with school work but one did not respond clearly. Two young people in the group were able to identify staff that they particularly liked.

When asked what they would like to change, young people reiterated that they would like to go out more, to get more pocket money and to have more computers. One of the female respondents said that there were not enough things to do for girls in particular and that the Xbox games were for boys. Two of the three young people who responded identified features that they valued about the home. These were the people (staff and young people) and the food.

The interview in this home gave a mixed picture of life in the unit. Although supportive relationships with staff were described, young people also expressed some dissatisfaction

with the way things were done. Certain young people seemed to lack a basic trust in the staff team or were under-stimulated in the home.

### **Home J**

One young person took part an interview at home J. The young person mentioned several of the activities organised by the home, including skating, playing football and cricket. They said that the availability of these things had not changed in the previous year. Relationships in the home could be difficult and the young person mentioned that there were often arguments, shouting and fighting.

The young person said s/he felt supported in education, although this mainly involved gaining support to deal with problems that s/he was having at school rather than help with homework. The participant was able to mention three staff members who were particularly liked, although staff were sometimes busy, so that it was sometimes difficult to have an individual meeting when you needed one. When asked to do the activity, this young person chose a keyworker in four of the six scenarios. In a very positive statement at the end of the interview, this young person said that the staff were the best thing about living in the home; s/he then spoke about the kinds of things that four separate members of staff had done for him/her:

*They always do stuff for me ... when I were hurt ... I came back here and [called them] ... and I were upset so he sorted me out ... like [another RW] ... my dad weren't at home so [RW] stayed there with me. And like [another RW], at my last keyworker session, he took me out for my tea. And [another RW] took me out for my dinner as well.*

This home did not appear to be an easy place for this young person to live and although s/he seemed very grateful for the support they had received from staff, s/he also described an atmosphere in the home that was difficult at times. However, the young person was very content with the support received from residential workers and seemed to value the different kinds of help available from staff.

### **Comparison of study Groups 1-4**

There was a contrast in the way that young people communicated in the two Group 1 homes. In one home, young people suggested that there was a lack of engagement with staff, boredom and isolation; but in the other, young people were clearly very attached to their workers and had mainly good things to say about their experiences in the unit. In Group1 homes, young people expressed positive, slightly negative and neutral views about

the SPs. There was a wide range of comments from young people in this group with some very good relationships with SPs described but there was also a lack of engagement between SPs and young people in one of the homes.

In two Group 2 homes, young people appeared to have quite negative experiences of residential care in contrast to the other home, where young people's experience was mainly positive. Young people's perspectives about the SPs were mixed. In two of the homes, they were very positive about their contact with SPs and in the other home, views were mainly neutral and occasionally negative.

The overall experience of young people in Group 3 home was mainly positive. Young people in Group 3 homes gave a mixed view of the SPs. In one home, young people had very little to say about the SPs because they seemed to have very little contact and in another, young people were very positive about one of the SPs but also very negative about another SP working in the same home.

Residents in the Group 4 homes, described certain difficulties in the homes. These were situations where young people felt unable to trust staff or where they appeared to need more support than was available.

## **Conclusion**

This chapter has explored the experiences of 27 young people living in the Pilot and comparison homes in this study. In the group interviews, young people described some of the close relationships that had developed between residential workers and themselves, including those between young people and SPs.

Some negative views of SPs were shared by young people who viewed them as more lenient, sometimes insensitive to the needs of young people (alongside other residential staff) or as untrustworthy. However, positive views of SPs were more likely and where young people highlighted the distinct qualities of SPs compared with their colleagues, they outlined examples of SPs organising activities such as walking and theatre trips; their firm responses to the threatening behaviour of some young people; and physical contact which young people found comforting and supportive.

The young people in the group interviews outlined their diverse circumstances and experiences of being looked after. Within our sample of ten homes, it has not been possible to identify any clear differences between homes in the four study groups.

## Summary points

- Young people mainly expressed being happy in the homes and most said they could draw on the support of staff in the home if they needed it.
- Relationships in the homes were gendered with young men mainly including males as their preferred workers and young women mostly choosing females.
- Even when young people were dissatisfied in the homes, they usually felt that there was a member of staff that they could turn to for support.
- There was wide variation in the views of young people about their life in the homes with some young people expressing satisfaction and a feeling of being well cared-for by staff. In other homes, young people spoke about boredom, a lack of attention and some appeared to be quite estranged from staff in the homes.
- In this small sample, young people in the three study groups offered a mixed response to the SPs. There were no obvious differences between the experiences of young people in the Pilot homes compared with young people in the comparison homes.



## 10. Social workers' perspectives

We wanted to obtain the views of social workers who had responsibility for young people living in the homes during, and prior to, the social pedagogy Pilot. These social workers would hopefully have views about how the SPs operated in the homes and whether the home had changed during the course of the Pilot. Linked to this was the extent to which the young people for whom they held responsibility might have benefited from this period of residence. Obviously if change does or does not occur, this cannot automatically be associated with the presence of the SPs.

Twenty-seven social workers participated in the group interviews. By this time we had visited the homes and knew much about them but had not usually undertaken the period of observer participation. The following analysis discusses results overall from the group interviews and also comments on any noticeable differences between homes in Groups 1-3. We obviously should be cautious with such small numbers and this information will need to be considered alongside other data. As only one of the nine homes discussed in this section of the report offered short-breaks for disabled children and their families, we do not refer to this home specifically for reasons of anonymity.

### Changes in homes during the Pilot

Our main interest was in the perceived impact of social pedagogy on the homes and whether they had changed as a result. An integral part of this was the specific contribution of the SPs. Most social workers had direct experience of the Pilot homes and had visited regularly. This had been a stipulation when we set up the meetings. Also teenagers living in residential homes are often problematic and demanding of social workers' attention, so we might expect these social workers to be familiar with the homes.

Most social workers interviewed had only a sketchy knowledge, at best, about social pedagogy. There was very little detailed understanding and few could speak about the subject with confidence. For example, in one of our first Group 2 home interviews, the following comments were recorded from three of the four social workers present:

*... I've met neither of them.*

Res     *And are you familiar with social pedagogy?*

*In general yeah, but I don't have an in-depth view.*

*I wouldn't have been able to distinguish a difference.*

Some observed that they would have expected to have had better information about the Pilot. As might be anticipated, there was more awareness about the Group 1 homes, which had employed SPs (in one case across the Council) for much longer. The unit manager of one of the Group 1 homes had visited the social work team the previous week to explain more about their approach. In Groups 2 and 3, however, awareness was limited. In these two groups, social workers were often unaware that the workers in question were SPs; that there were particular expectations of them in the Pilot; and if there were other SPs in the homes apart from these. As one said:

*Something I'm struggling with is the fact that ... like I said I didn't even know it was happening ... How is it that I as [name's] social worker didn't realise that this was going on in the home that she was living in? How come we have not got additional information? How come my practice wasn't informed as to how I can add to what they're doing in that placement? ... [name's] school certainly wouldn't have any idea what it was and how it's impacted on [name's] care.*

Some of this is no doubt associated with the general unfamiliarity with social pedagogy in England. It may also be the case that presentations had been made to teams when social workers were absent, or new colleagues had joined since. But, presumably, it might also reflect if Group 3 SPs with a wider outreach function had communicated with social work teams – even the ones we had identified as having the closest professional links.

Social workers held a range of views about whether homes had improved during the course of the Pilot. We saw above that they had visited regularly but it was noticeable, and understandable, that they assessed the homes mainly in terms of the experiences and progress of the specific young people for whom they had responsibility. Residents who made good progress were perceived to have had a positive residential experience but, of course, this was not always within the control of professionals. The general view was that three of the nine homes had improved over the course of the Pilot; mixed opinions were held about three other homes (improvements or staying the same); and the remaining three were unchanged. This range of views was held across the three groups of homes and no one group which had employed SPs in different ways stood out as particularly different. Importantly though, the three homes that had not changed were felt to have been good already and so could not significantly have improved. There were probably only two homes (in Groups 1 and 2) where doubts remained for social workers about the overall quality of care.

Where homes had improved, social workers were unsure whether this could be attributed to social pedagogy and involvement in the Pilot, or whether it was due to other factors. For example, one home had also changed its role and become more focused. Social workers had observed major improvements in another home but this had coincided with the appointment of a new head of home:

*I've noticed big differences in the way that [name of home] functions compared to other units. And I don't know if that's to do with the Pilot, or whether that's [head of home's] influence.*

For social workers, two homes that had always been good had the following characteristics:

*I guess the unit was already similar ... was already working on a very similar model. Very nurturing model and you know the staff would go the extra mile ... It was already quite a homely place ... somewhere where the young people feel that they're at home and you know it feels safe for them.*

*I think in terms of specific changes, I can't say that I have noted a difference in the way they work necessarily ... With [name of young person] they have managed to get through to her in a sense that no one in another placement has managed to, and has actually managed to establish routines and kind of just everyday life has fallen into place for her. And she has clearly developed a sense of security in that placement ... I think from our perspective it would be difficult to see any better outcomes for her ... This is a very good outcome for her.*

Having asked social workers a general opening question about whether they had observed any changes in homes during the course of the Pilot, we then probed for more specific changes. We were interested in changes to *daily life in the home*. Examples from homes that had improved included one that was said to be generally more welcoming and warmer to young people and visitors:

*Yeah previously you would get a lot of staff in the office doing admin, and now I would say they're very rarely in the office and they're more with the young people – just sat talking, taking them out.*

A home was singled-out for the sensitive work it did supporting parents. Another was making more efforts to celebrate birthdays:

*... birthdays are definitely more celebrated, it's like they're more special ... The whole house is decorated on a birthday. The first time I noticed it actually I think it was [name of SP] had stayed up half the night making paperchain decorations.*

Another home that had improved was now felt to pay greater attention to the smaller, everyday matters that could make a big difference to residents – *'And just the little things I think are really, really important'*. For example, when collecting young people by car the home would now plan journeys in such a way to give staff individual time with children to chat and give them special attention. Previously, journeys would have been arranged more for staff convenience, with shorter journeys to save time. For many parents of teenagers, offering lifts is seen as an important adult function and opportunity for communication.

Social pedagogy encourages the use of *specific and practical skills* with young people, such as crafts, the arts or sports. Therefore we asked social workers if these were more evident in the homes than before the Pilot? Social workers were aware of a range of activities occurring across the nine homes but only a small number where this had increased over the previous year. For example, in one home a young person was certainly involved in more activities than in her previous foster placement – she enjoyed going out for walks with her keyworker. One of her co-residents liked animals and pets so he was taken to Cats Protection and the local Dogs Home, as well as borrowing books on rabbits from the local library. Another busy home which had always encouraged a range of activities had taken out a gym membership for a young man together with his keyworker.

The following encouraging example was given for one (short-stay) home which was felt to have increased the range of activities:

*...on the first day there he assaulted a member of staff. But they carried on working with him and got him engaged. I mean they starting doing boxing with him and cooking and just really identified what he enjoyed doing. And he's notoriously difficult to engage, he doesn't respond to anybody – he has no positive attachments with anybody at all. But he was only there three weeks and in that time they really, really worked hard with him ... getting him into activities ... giving him something to enjoy ... I was kind of a bit gutted that he had to move really. 'Cos it did help him a lot and he enjoyed the time there.*

In another home, more trips away and *'pampering evenings'* had been evident.

Management of young people's behaviour was an important issue in our evaluation and this was clearly a preoccupation for many Pilot homes given the past histories and group dynamics of residents (Barter *et al.*, 2004). In only one home was a general change detected, with *'... a lot more tolerance ... Sticking with the children when they're being more difficult'*. Social workers more often related this to their specific young people. A clear majority felt that homes had made a positive contribution to managing behaviour, including

trying to protect those who were vulnerable. However, one social worker in particular was very critical, of a Group 2 home. Two of her residents had been made to leave abruptly and it was the social worker who had to explain this to them rather than home staff. One of these young women was lodging a formal complaint against the home.

Managing behaviour can also affect staff interactions with young people, including physical contact. Residential staff in England are sometimes criticised for being over-preoccupied with *risk and safety* in their daily work and interactions with young people. This might potentially be an area of conflict with social pedagogy, which emphasises close personal relationships. Social workers had little direct evidence of the extent to which this was a problem in homes. Some commented that young people had made allegations against carers previously or displayed sexualised behaviour. Two homes were mentioned specifically which had managed the boundaries well and it had not hampered their work (*'She does seek a lot of physical contact ... and workers have been able to draw that boundary where they require'*).

Alongside behavioural management, *educational experiences* and career development are also key issues for young people who are looked after, given the disadvantages they face. Social workers overall did not report major changes recently in the way that homes approached young people's schooling and college. There was one exception in a Group 3 home, which had one lead worker responsible for educational liaison. One resident had to change schools in her final year due to personal difficulties and the staff member had played a major role in facilitating the transfer, liaising between staff and negotiating a part-time timetable. This type of work had not been undertaken recently *'... and that's worked absolutely fantastic'*. Though it coincided with the Pilot, it was unknown if it was linked.

A social worker was critical of one Pilot home, which she felt was insensitive in a new resident's case who, on moving to the home, was saying that he wanted to transfer from his existing school. The social worker argued that part of the home's motivation was that the new school was local and, therefore, more convenient for all concerned. She felt that this should not be the main consideration.

Apart from this, social workers felt that homes generally emphasised young people's education. For some pupils, school attendance had always been unproblematic. It was interesting in our discussions, however, that it was often attendance rather than *attainment* that was highlighted. A Group 1 home was singled out for praise for its broad approach to learning - it had recently started a young man with driving lessons and encouraged and

supported him with his driving theory test. This would be commonplace (albeit perhaps stressful) for many parents but it is conspicuous that it deserves mention here in relation to looked after children. This may be linked to the transitory nature of much residential care.

### **Young people's progress**

We said earlier that social workers' assessments of homes tended to be linked to the experiences of individual young people for whom they were responsible. They spoke of the individual circumstances of 21 young people who had lived in sample homes at some stage during the Pilot and about whom they felt able to comment. For 17 young people residence in the homes was depicted generally as a positive caring experience but for the other four it was not. The four negative experiences all came from (two) Group 2 homes; three of which were all of the cases from one home. SPs were explicitly linked to young people's care in five of the 17 positive cases (three Group 2 and the two others in a single Group 3 home); while one of the four negative experiences directly involved a SP. The generally positive perception by social workers of the residential contribution may come as something of a surprise.

Most examples of positive residential experiences concerned complex, sensitive individual work. One young man was very rude and used racist language against the SP when she first arrived. This was perceived by his social worker to be linked to his attempt to gain status in the 'pecking order' of the peer residential hierarchy (Barter *et al.*, 2004):

*But I think that the way they've consistently just tried to stay calm with him, you know is positive in itself, and I think you know shows him that actually people are going to react differently to him in life ... she's always taken a consistent approach ... So he knows exactly where he stands ... with them.*

Other cases where young people benefited particularly from their residential experience included one young man with mental health difficulties who refused CAMHS appointments and had previously been admitted voluntarily to a psychiatric hospital. He was spending a lot of time on his own in his room, not integrating with others or going to school:

*Since he's been at [name] they've taken a much more nurturing approach...his staff stuck with him and worked through things ... He's progressing more than he thinks. So you know he did start to engage with education, he did start to go out more, he wasn't staying in bed all day. So he did start to make a lot of progress, he did see his therapist on a few tentative sessions ... he is doing much better.*

Two social workers said about this particular home:

*Placements don't break down at [name of home] do they ... they don't give up do they?*

*They seem to hold onto young people, yeah.*

Another home had engaged effectively with one young person who had previously refused to communicate:

*... very open, very warm ... you're right about that open dining area, you know there is always a conversation in flow. From what I can see of how [name] of young person has changed, I can't compare it to before the pedagogist (sic) was in, but now [name] now talks much more freely and much more openly about very personal experiences to her – it was like pulling teeth before trying to get her to talk. Where now if you can just openly start a conversation and she's ready for it – she's primed already to talk. And that's just the natural flow of conversation that happens all the time there – so really that's positive.*

At the same home another resident was at risk of losing her residential place if she did not attend college. While it seems valuable to support educational achievement, it could also appear unjust for the less academically able who might need continuing support even more. This can be a dilemma for government initiatives such as *Staying Put*. Staff had persisted in trying to secure her college attendance:

*... [name's] home placement will actually be in jeopardy if she's not at college. And all the staff were aware of that, and when I was there the other day they were all saying 'Come on [name], you've got to go, you've got to go, come on we don't want you to leave, we don't want you to leave'.*

Perhaps the most memorable example from our group interviews with social workers concerned the following example, which happened to involve a SP. We quote it at length for this reason:

SW *I can recall one incident were this young person, she had had a really bad day – it was something to do with contact – and she was missing in school and [name of SP] was the one collecting her. And we were told that she was really agitated – screaming, shouting. But during the journey from school back to [name of home] [name of SP] did manage to calm her down. I thought it's not easy to calm her down ... and he did manage to do that ... And I asked him, because I didn't want to see her on my own because she was so agitated, I asked [SP] to be present ... because he was able to talk to her in a way that I couldn't ... He managed to calm her down, we had a good conversation by the end of it.*

- |     |  |
|-----|--|
| Res | <i>So both in the drive ... driving through [name of city] is not straightforward all the time is it, let alone having an irate teenager sitting next to you?</i>  |
| SW  | <i>No, he brought her back on the bus ...</i>  |
| Res | <i>Oh on the bus?</i>  |
| SW  | <i>... And she was breaking things in the room, and [SP] was really calm, he was putting everything back [laughs]. It was literally like a 10-minute session where she was throwing things and he was putting everything back. And then that kind of calmed her down because he wasn't reacting in the way she was expecting him to react.</i> |

## Communication and liaison

It is important that residential staff and social workers communicate effectively and work to a common care plan. Therefore, we asked social workers whether they had observed any changes in liaison since the Pilot. Results resembled those found elsewhere in this section. Communication was believed generally to be good and, therefore, unchanged. Only one of the nine homes was felt to liaise poorly with the social work team. Here, residential staff referred parents on to social workers when they inquired about children and their progress rather than dealing with them directly. They also communicated to social workers too much detail about everyday occurrences rather than summaries or events that particularly mattered. This home also did not use the Council's IT system well and, therefore, important information was not routinely stored together with the main social workers' records, about appointments for example. Another social work team had concerns about too much unnecessary communication from a residential home and, as very busy people, this was unnecessary and inefficient. A further team commented that they valued receiving *positive* messages from a residential home about a young's person's progress as otherwise they mainly are alerted to problems, which can lead to a distorted view about a residential service or the young person.

Two homes were thought to have improved their communication during the Pilot phase, although in one of these social workers were unaware if this was due to the introduction of social pedagogy. But in the other, a social worker spoke highly of the communication skills of the SP. She was felt to be an efficient communicator, whereas sometimes other workers would not pass on important messages:



*... sometimes the communication between ourselves is quite poor. You can have a conversation with one staff member in the morning and then have another conversation in the afternoon and they wouldn't know what I'm talking about. I haven't really experienced this with [name of SP] and anything that I want actioned in a meeting, I have every confidence that [SP] will take it away and implement it in the team.*

Another interesting observation from this social worker was that she and the SP tended to perceive professional matters similarly – ‘... she seemed to read from the same pages as me really in relation to why the young person is ... attention-seeking’. Therefore, it is not just the method and volume of communication but the interpretation and meaning, and whether what is being conveyed is useful.

### **Overall views**

We asked social workers how they judged the skills and contribution of the SPs, and whether they brought a different approach to their work. Most participants had little to say as they were either unaware of the SPs or that they were unable to differentiate what they did from other staff in the homes. In one home social workers had noticed that the two SPs spoke more about appropriate parts of their own lives and experiences, and used this in forging relationships with young people. Social workers observed that other staff in the home had been doing more of this too and it could lead to young people being more open about their own lives and problems. In another group interview one of the three social workers observed that she had seen the two SPs working differently to other staff in that they adopted ‘a more “laid back” approach’. Elsewhere, a social worker observed that a SP was a more skilled residential worker compared with other staff but not that she approached her job especially differently. A social worker in another group interview felt that a SP had a very difficult experience with her young person. The SP shared certain characteristics with the young man's birth father, who had mistreated him when young. It was perceived that the young man's anger prevented a relationship from developing. This is not unique to social pedagogy and could happen to any social work professional.

We also set out to ask social workers if the introduction of social pedagogy had led to the sorts of changes that people were expecting. Many found this impossible to answer as they did not understand enough about social pedagogy, they were unaware that the Pilot was happening and, therefore, did not know what were the particular expectations. One group of social workers could see the benefits of social pedagogy if it led to a more professionalised workforce: ‘... it sounds like a really good step forward ... Social pedagogy ... sounds like its more holistic and probably is the best of both worlds really’. Another social work team felt that bringing in social pedagogy may have had some benefits. Three workers observed:

*... there are possibilities that it has led to some changes.*

*I think the staff have seemed more positive.*

*I don't know if it's just the morale within the team overall, but just when you go into the office the atmosphere feels lighter and they seem a bit more cohesive.*

*And receptive as well.*

This team added, however, that several other changes had been introduced in the Council as well. For example they had developed a Pledge for looked after young people, promising certain entitlements (see *Care Matters*, DfES, 2007). This residential home had been proactive in implementing the Pledge. Another complementary development had been efforts not to criminalise young people in residential care and avoid police involvement unless absolutely necessary. So it would be difficult to single out social pedagogy as having led to specific changes as it coexisted with other initiatives.

An interesting comment was made by one social work team who were particularly complimentary about a small, long-stay home:

*No problems with introducing social pedagogy. Similar to the ethos of [name], they do it already, their practice is good. The home is open to new ways of working and has embraced social pedagogy.*

## **Summary points**

- Group interviews with social workers were held in relation to nine Group 1-3 homes in the Pilot which employed SPs. Twenty-seven social workers participated, who were responsible for 26 young people living in these homes.
- Most social workers had limited knowledge about social pedagogy. In relation to Group 2 and 3 homes, social workers were often unaware that the workers in question were SPs; that there were particular expectations of them in the Pilot; and if there were other SPs in the homes apart from these.
- The general view was that three of the nine homes had improved over the course of the Pilot; three were unchanged; and mixed views were held about whether or not change had occurred with the other three. However, the three homes that had not changed were felt to be good already and could not have significantly improved.
- When homes had improved, social workers were unable to attribute this to social pedagogy and involvement in the Pilot or to other factors.

- Social workers concluded that 17 of 21 young people discussed had had a positive residential experience in these Pilot homes. Therefore, social workers had a generally positive perception of the residential contribution.

## 11. Observations in the homes

### Background

We explained in Chapter 2 how our intensive study sample was selected as well as our desire to undertake, and the approach towards, observer participation in the 12 homes. To reiterate briefly, two researchers visited homes usually for three days, depending on size of the home and current occupancy. This occurred mainly during October-December 2010. There were three homes from each of Groups 1-4 of the Pilot: therefore nine homes employed SPs and three comparison homes did not. Our intention was to observe if the nine homes with SPs operated differently to the comparison homes; and also if there were contrasts between homes with the three different approaches (Groups 1-3). Clearly this is not a large sample of homes, particularly as it is sub-divided, and we need to be cautious in our conclusions. It is, however, a detailed, qualitative study of the attempted implementation of social pedagogy in the different groups.

Our intensive visits highlighted several issues that are discussed elsewhere in this report. For example, some SPs had previously been employed in these homes but already left. Some SPs were perceived to have had a positive impact, whereas others had not. SPs' skill and experience levels varied. A SP in one of the homes had left following complaints but subsequently been reinstated. Another Group 3 SP did no direct work in the residential home itself but was employed more in a consultancy role – we took this into account in our analysis.

The visits enabled a number of structured activities to occur: namely interviews with heads of homes, residential staff, SPs and young people. However, most of the time was unstructured and our daily presence enabled us to witness what occurred in the homes and what was life like. For example, were homes friendly and caring or impersonal and institutional? Were homes comfortable, well presented and maintained or substandard and disorderly? Are they active, stimulating environments with much interaction between residents and staff, or are they dull and uninspiring, with professionals and young people occupying separate physical and social spaces? Our fieldwork notes, and this chapter, are based on qualitative accounts, although the research team itself used some researcher ratings to inform our summaries and to stimulate discussion. However, these have not been included here as they were not designed to be scientific and we did not calculate, for example, (kappa) scores of inter-rater reliability.

As we have seen, negotiations with homes could be complex and time-consuming, especially over survey returns. However our planned visits went remarkably smoothly, preceded by careful preparation. We were made very welcome during the visits themselves – invited to meals, made drinks, and to participate in games or on trips out. Some staff and young people naturally, were wary of our presence. We reinforced that we were not inspectors but wanted to find out about what residential homes were like and how could they be improved. We tried not to intrude and said that we would leave a situation if an adult or young person wished – this never arose, although the researchers did temporarily leave one situation when young people were becoming aggressive. It seemed to us that our intensive involvement was appreciated in seeking to obtain a deeper understanding of residential life and young people's problems. We welcomed the opportunity to get to know the SPs, see them in action, and understand how they were coping with the transition and what is, in effect, a social experiment – '*spreading our magic dust*' as one eloquently put it. Observations were not always easy, for example if there were no young people in the home; when staff and young people ignored us; or if staff were very busy.

We appreciate that researchers' presence is likely to have some effect on interactions in homes. Residential life can also progress in cycles, so that a home visited in successive weeks may have some dissimilarities (Whitaker *et al.*, 1996). We were very grateful that staff and residents were prepared to speak with us with such openness. It could be a moving experience to obtain glimpses of what children had experienced and to wonder what life for them has in store.

Chapter 2 explained that our observations in homes were structured by our *Residential Homes Observation Tool*, which helped map the main dimensions of social behaviour. This was guided by our previous work including a *Quality of Care Index* (Berridge *et al.*, 2008; Stein, 2009) as well as the specific objectives of this pilot evaluation. The rest of this chapter is organised according to these main dimensions: physical environment; social pedagogy; regime/quality of care; staff-resident relationships and interactions; relationships with young people's families; education; managing anti-social behaviour; and inter-professional working.

### **Physical environment**

It is only in the latter part of the 20<sup>th</sup> century that child welfare interventions were meant to be life-enhancing rather than a punitive deterrent (Berridge, 1985) but, nowadays, we would expect residential and foster homes to be comfortable and well-maintained, offering children compensatory experiences which may have been absent up until now. Unlike their Victorian predecessors, discovering a modern residential home in a neighbourhood can actually be a

problem, although the number of staff cars outside sometimes gives a clue. Today's residential children's homes are much smaller than in the past – at the time of our visits the maximum size of the 12 homes ranged from 1-6 residents, with an average (mean and mode) size of 4. The three Group 1 homes had slightly fewer residents than others.

Most homes were located in residential areas in towns or cities, integrated into neighbourhood housing and with services and facilities nearby (shops and public transport etc). A couple were based in more affluent areas of villages: one of these had few facilities and young people were bored with little locally to do, dependent on lifts from staff which they felt were not always forthcoming. Generally the homes were well-presented. For example we wrote about one home:

The home looks freshly painted on the outside and there were flowers in a vase in the hallway. The lawn was mown in the garden and the outside of the home looked generally well looked after.

Probably there was one home in each of the four groups which was an exception, including the following:

Has a rather scruffy appearance. The letterbox has been ripped off the front porch and the new letterbox has already been dented. The windows have a film on them which stops them from breaking if they are hit but this makes the windows appear as if they are dirty.

There were only two homes in particular that we felt stood out in their neighbourhood as different and were potentially 'stigmatising'. These were both larger buildings: one was a Pilot home and the other a comparison. In relation to the second:

... it is larger than other properties ... it is very central as you walk onto the small estate. Neighbours complain about young people standing outside the home and making noise late at night. There are posters up at the front of the building saying that the home will call the police if there are groups of people hanging around outside drinking or with drugs.

The residential homes had a similar range of spaces and facilities, including: kitchen/dining area, lounge with television, computer room, games room and garden. There was usually at least one office. We did not ask to look at young people's bedrooms. Books and games were generally evident. The short-breaks home for children with physical and learning disabilities had a sensory room with lights, music, pictures, textures and soft flooring; as well as a large garden with swings, sand pit and large raised flower/vegetable beds.

The lounge was usually the main focus of activity. In some homes young people and staff congregated in the kitchen/dining area around a large dining table relaxing after meals, drinking tea/coffee and chatting with staff. This felt a comfortable and intimate space. When present during weekdays, residents were usually not allowed to watch television if they should be involved in some educational or work-related activity. We discuss later how workers spent their time but in a few homes (Pilot and comparison) the office door was locked when staff were working inside and young people would not be allowed entry.

We considered whether the internal environment of homes was comfortable and pleasant or was there an institutional feel? Foster homes potentially are at advantage here if we are trying to provide deprived children with a compensating, nurturing environment leading to personal growth and social inclusion. We considered most homes to be comfortable and well-furnished, as with the following:

Pleasant interior with décor in good condition. Pictures on the walls in the kitchen, lounge and computer room of young people, trips out, birthday parties etc. Poems and pictures on the kitchen wall were created by young people. Comfortable feel.

Just a few homes had a neglected appearance, some of which employed SPs. However, it was difficult for homes completely to escape from institutional features. Most homes had self-closing, heavy fire doors and kitchens were subject to hygiene regulations. Several also took the opportunity to display information about drugs or sexual health. However several Pilot and comparison homes continued with unnecessary institutional characteristics which reinforced young people's looked after status: loud alarms throughout the building whenever the telephone rang; displaying health and safety notices and OFSTED registrations; and bunches of keys worn security worker-style.

### **Social pedagogy**

An important element of our fieldwork visits was to observe the SPs in practice – what contribution did they make to residential life and did they fulfil particular roles? Initially we considered whether on a daily basis they appeared accepted into the group by staff and residents. At first there could be communication problems and residents often had not travelled abroad or previously met anyone with a German accent. SPs in the three Group 1 homes seemed integrated into the life of the homes – the longer acclimatisation may have facilitated this. (However, the manager and staff in one home were unaware if a German worker was actually a SP or not – he was a trained social worker.) Acceptance was more problematic in the six Group 2 and 3 homes. In one, our fieldwork notes record: 'Accepted

as good colleagues by staff, adored by the three girls'. Yet in three Pilot homes, one SP was accepted but not the other. One SP was felt to lack self-confidence; and there was observable conflict between SPs in another home – ignoring each other, interrupting sentences and avoiding eye-contact. Another SP was said to misjudge young people's personal space, which girls objected to. Therefore, SPs' involvement in the Pilot homes was not straightforward or trouble-free (see also Chapters 6-8).

We discuss in more detail below the way in which SPs and other residential workers functioned in the homes, especially their interactions with young people. Here we consider more generally the roles that SPs fulfilled. Overall our observations led us to conclude that, on a daily basis, SPs were accepted as residential workers in the homes and expected to perform similar responsibilities to their English colleagues. Only one Group 3 SP had a very different role in that he did not currently work 'shifts' in the home directly with young people or with staff but, instead, was mainly involved in external networking, more as a consultant.

In four of the Group 1 and 2 homes we could observe no difference in the role that the SP was attempting to perform compared with other staff. They did not seem to be seeking to do anything noticeably different. One SP informed us that she had attempted to introduce changes, such as having dinner all together more often, but these were difficult to implement and were not evident during our visits.

Two SPs (Groups 1 and 3) had a slightly different role to other staff, being allocated more organisational responsibility. For example, one SP provided leadership on specific projects, such as family involvement in the residential home. Another SP seemed to us to be noticeably marginalised in the home in that she was ignored in discussions and on occasions her authority was undermined by other residential workers.

There was very little explicit reference to social pedagogy in homes during our periods of observation unless researchers raised it, perhaps during a quiet moment when young people were absent. We did not routinely attend staff meetings or training sessions etc. when issues might have been discussed. However, we were invited to sit-in on a number of more formal meetings and shift handovers when reference to theories or underlying principles may have arisen. An exception was when one staff member (who had trained as a social worker and took particular interest in the Pilot and our evaluation) engaged a young person in '*What do you think about social pedagogy?*' while we were present. In the short-breaks home staff were fully occupied in working intensively with children and there was no time for



general staff discussion. Apart from these circumstances, we may have expected social pedagogy to have arisen more frequently as a topic than it did.

It may be more realistic to expect the *practices* of social pedagogy to be more evident during the Pilot rather than abstract discussion. An important principle of social pedagogy is *reflection* and we, therefore, sought evidence of workers discussing together in general terms their practice and young people's behaviour. We did not witness individual staff supervision sessions but might expect during the social pedagogy Pilot to observe more abstract reflection among colleagues. Residential work in the past has been criticised for being too reactive and concerned with behavioural management rather than addressing children's more fundamental needs (see Chapter 1) – were the Pilot and comparison homes any different?

We were encouraged that staff in most homes discussed young people's situation quite broadly and reflected on the reasons why they behaved as they did and how could interventions be more effective. Probably in only three homes (two with SPs and one without) did staff concentrate narrowly on the practicalities of residential life including transporting young people; becoming preoccupied unduly with negative behaviour; or appear too often insensitive or indifferent to residents. For example:

[name] stands at the office door, asking if he can have something from the larder rather than having to go shopping. [name] is having to cook his own meal again. Seems distressed as he keeps repeating himself. Staff say no and do not offer him any other attention. Eventually [SP] asks him to go away from the office.

But in the majority of homes staff addressed and responded to the broader needs of young people. Sometimes this was led by senior staff. We recorded concerning one home:

The staff meeting was a particularly rich source of examples of reflective practice. The staff discussed young people individually and were trying to work out reasons for particular behaviour ... they were discussing possible explanations/causes of [name's] self-harm and violent relationship with her boyfriend. One of the deputy managers revealed that he had feelings of helplessness in relation to this particular young person's situation and the other staff agreed. However, the deputy emphasised that they need to try something to help this young person. The boyfriend had been arrested for domestic violence and the home were planning to engage proactively with the police to provide as much evidence as possible. The deputy said this was '*what any good parent would do*'.

And elsewhere:

There was some reflection in the team meeting where the manager tried to encourage staff to think about why the young man was behaving in a particular way. The manager seemed perceptive of the way that staff were reacting ... and tried to encourage them to think through what might be causing his controlling behaviour.

This more reflective, analytic approach was not restricted to homes in which SPs were present or to SPs themselves. However, we did observe some examples where experienced SPs encouraged staff to take a broader approach to understanding young people's situation. On one occasion this was to remind staff not to dwell on the negatives but to recognise also positive signs of improvement; for example a young man who was trying to control his cannabis use, communicating more often and swearing less. The same SP interjected to ask what was it about a young woman's previous experiences that may lead to her seeking the attention of older men. Another SP offered creative solutions to problems, such as suggesting mediation training for staff rather than accept long delay for appointments with the youth offending team. Yet overall, a more reflective approach to residential care was not unique to SP rather than comparison homes and not restricted exclusively to SPs themselves.

### **Regime and quality of care**

We now develop these issues and look in closer detail at how the homes functioned, including any discernible differences between Pilot and comparison homes that may be linked to the presence of SPs. We had some specific interests in relation to the short-breaks homes that we visited and discuss this later too.

We were interested in whether homes operated according to a particular theory or approach, such as a token economy or a 'therapeutic community'. This was also explored in Chapter 3 but how a home says that it is operating may not accord with the reality. Therefore, we were alert to references to particular approaches and whether this seemed consistent with what actually occurred. We did not explore this in relation to the short-breaks homes, where it was clear what the particular purpose of the home was, although we did explore as far as we could how social pedagogy applied particularly to work with disabled children.

Research is interesting for what you do *not* discover as well as what you do and it was interesting that perhaps just one of the Group 1-3 homes indicated that they subscribed completely to social pedagogy and were attempting to implement it across all that they did. It might have been anticipated at the outset of a Pilot that more homes would be seeking to implement social pedagogy as a coherent underlying principle. Presumably one would

expect the same in councils that state they are implementing social pedagogy throughout their children's residential service. The head of one Group 1 home asserted that their approach is 'pedagogic' and gave good theoretical analysis of situations, which isn't quite the same.

In two Pilot and one comparison home there was no discernible guiding theory. Four homes used a behaviourist/token economy approach in different guises, involving additional pocket money, other rewards and privileges and/or a star system. (In one of these, where drug and alcohol misuse were common, staff had attended relevant training and references were made to 'responsible use' and 'de-escalation' approaches stemming from this.) Senior staff in two further homes alluded to solution focused (brief) therapy; and another was said to be guided by Therapeutic Crisis Intervention (TCI). SPs worked in homes that subscribed to these different approaches and we encountered no overt tensions, possibly because social pedagogy was not implemented more fundamentally. Indeed, SPs sometimes had participated in developing a token rewards system and did not find it incompatible. As we have already seen, however, a number of SPs were frustrated about their roles and the extent to which they were able to use their skills.

Considering the quality of care more generally, we were interested in how homes worked with young people from different cultural backgrounds. We saw in Chapter 4 that about a third of residents in Pilot homes were from minority ethnic groups (fewer in comparison homes). There were no major differences in how groups responded to these issues and most homes recognised the importance of meeting the specific needs of young people from different cultures. Most homes had diverse staff teams. Particular examples include one home working sensitively with the culture and religion of a Muslim girl. Another home paid particular attention to Black History Month and showed us photographs of a well-known black actor who had visited. Staff in a different home made efforts to find out more about the cultural background of a South American resident, including contacting the embassy and planning a particular celebration. In addition, in a northern city with an all-white resident group, staff raised cultural issues during the discussion in a young people's meeting. Residents were curious about Islam and wanted to visit a mosque.

An interesting issue had arisen in a London home where the work of German SPs was felt to be hampered by their lack of awareness of youth/'street' culture in the capital. Specialist training overseas may have some advantages but for the SPs detailed understanding of the social circumstances and history of young people and their families are also very important, given the cultural diversity.

Just under half of residents were young women (fewer in Group 3 homes) and we considered whether there was stereotyping of gender-/gender roles in the homes. Residential care has not always adequately taken account of girls' needs (O'Neill, 2001), although there are currently particular concerns about poor educational and other outcomes for boys (Department for Education, 2010b). About two-thirds of all staff working in homes in the Pilot were women and with only one exception (of an all-female staff group with a male head of home), homes usually had a mixed-gender staff group. (Interestingly, the gender imbalance was slightly greater with SPs, four-fifths of whom were [young] women – see Chapter 3.) We did not observe overt sexism in the way that staff related to young people with a strong assumption of gender roles. As would be expected in bringing together adolescents in close proximity (which Lambert (1968) once referred to as 'the hothouse society'), girls were often very feminine in their appearance and outlook, while some boys displayed the 'hypermasculinity' that can be a characteristic of young men in gendered relationships (Barter *et al.*, 2009). There was some division, across groups, of staff roles by gender – cooking, sports, maintenance etc – reflecting wider society but not as markedly as might be evident elsewhere.

A feature of institutions of different types has been the management and restriction of movement and access to space (Goffman, 1961). Private households usually have few constraints over who can go where. Unlike the past (and in secure units), residents nowadays come and go more freely and leaving the building is not physically restricted (Berridge, 1985). Entry to the building for residents is straightforward and often during the day unlocked. There is an increasing trend for young people to have keys to their own rooms and spending time in each others' bedrooms was either prohibited or discouraged – obviously at night. Access to some areas of buildings was often restricted during the day, such as a television lounge or games room, when young people were supposed to be engaged in education, training or work-related activity. One of the homes visited had a more restrictive approach to accessing food but homes mostly allowed young people to have drinks, fruit, snacks etc during the day. Advice would be given about eating proper meals. These features applied across SP- and comparison homes.

### **Staff-resident relationships and interactions**

We were especially interested in how staff and young people related to one another. Effective residential work entails forming close, caring, trusting relationships, in which young people will discuss their concerns and problems; be helped to understand the past; reassess their self-perception and potential; take advice; and accept boundaries to their behaviour. It may be the closest they will get to 'unconditional love'. Much of this has previously been

unfamiliar for many residents of children's homes and it requires important personal and professional skills from staff. We wanted to discover whether SPs and the homes in which they worked approached this differently or better than comparisons. (The short-breaks home was obviously providing a different service and children lived usually with their own families.)

We considered whether homes seemed to be 'warm and caring'. There was more variation than we might have expected and the three Group 3 homes overall made a stronger impression on us. About half the 12 homes in our judgement provided consistently warm and caring environments. None was harsh or vengeful but others provided mixed experiences, in which staff sometimes appeared aloof, were preoccupied with practicalities rather than relationships, or could be insensitive to young people seeking attention. Attrition can take its toll and staff might have had sleepless nights on-duty but this is what they are paid to do.

There were numerous examples of warm and caring practice. One worker cried when she learned that a resident would be moving to independent living. Our arrival at one home coincided with one young man returning proudly from his driving lesson. A focal point at the same home is a cooked breakfast on Saturday mornings to bring the group together. Ex-residents are invited for Christmas dinner. A SP '... plumped the cushions on the sofa and tidied up the living room saying she wanted to make it look nice for the young people when they returned'. Elsewhere, we witnessed a worker very patiently helping a young man to prepare a meal and later trying to teach him how to tell the time. In another home we recorded a range of caring, appropriate interactions:

One member of staff was observed cuddling a young person, another member of staff referred to young people as '*honey*'. One girl went up to a worker from behind and tickled her, seeking close contact. Much interaction between staff and young people, with young person seeming to seek adult contact by gathering in the dining area. [Name of young person] tells [name of worker] that she loves her. [Worker] smiles.

And in the short-breaks home:

Staff come over as friendly and warm ... Children holding staff hands and wanting them to accompany them ... Lot of staff-child interaction. Worker playing with [child's name] in the play area, stuffing plastic balls up his jumper – [child] laughing a lot and enjoying it.

In contrast, there were examples of what struck us as less sensitive practice. In one home we recorded that 'Relationships between staff and young people seem distant'. One young person found a dying animal on the road and appeared upset by it. The SP was quite dismissive of this but another worker took the animal to the vet and discussed sensitively with the young person that it might need to be put down. (He later said that a DEFRA form would have to be completed as the young person had come into contact with the animal.) In another home we observed that '... some workers tended to be more comfortable in the office (the office was always full of people) and their interaction with the young people looked much less warm'. A further example was 'The staff are rarely in contact with the young people so there is not much time for conflict'. These illustrations come from Groups 1, 2 and 4.

The quality of practice may be associated with the level of staff morale, which appeared generally positive but there was probably one home in each group where it seemed more mixed. Positive examples were where we observed the team itself willingly organising the staff Christmas working rota; holiday working would be a tension for many in other occupations. We also observed, in the staff meeting in another home, workers positively accepting change to the keyworker system. Morale seemed especially high in the short-breaks home, where children required high levels of interaction and the work was physically very tiring. Staff morale seemed low in one home, where workers were disgruntled due to the withdrawal of the cook and cleaner because of budgetary constraints and staff having to take on these duties themselves. We noted in two homes that, compared with other staff, SPs were notably enthusiastic in working directly with young people and suggesting initiatives within the residential home.

Overall, we concluded that most homes provided a child-centred and caring environment, in which young people would feel that staff were genuinely concerned about their welfare. The three Group 3 homes consistently demonstrated a good quality of care and there was one weaker home in each of the other three groups. We analysed in greater detail what the elements of high quality care would comprise and illustrate these in relation to the two homes that impressed us most and the two that impressed us least.

For example, in the home (Group 2) that provided a very high level of care, young people were involved in cooking, looking after the home and had recently helped with decorating. Staff were regularly engaged with young people in leisure activities, including board games and dancing using a games console. They sat next to them chatting. On returning from school/college etc, residents were warmly welcomed back and asked how their day had been. We observed one young man come back from college after a bad day, who was shouting, swearing and using racist comments about his fellow students. After a couple of minutes yelling at the head of home, she invited him into the office for a private talk and after about ten minutes he emerged relaxed. Staff alluded subsequently on several occasions to how well she had handled this. Interestingly this home offered long-term care for teenagers and, compared with others, had fewer staff.

In the second high-caring home (Group 3), a worker was telling a young person how much he was looking forward to going to his college review the following day to hear how well he is doing (he is not an exceptional student but motivated). There was much discussion about young people's lives and their daily experiences. Opportunities to give positive feedback were sought. Workers listened intently, laughing, to one resident telling jokes over a snack. Staff were concerned over one young man's (over-)eating but prepared him a tasty snack after football training. This home used a cordless phone so that staff could answer calls while with young people rather than be tied to the office.

In contrast, in a home providing a lower quality of care (Group 1), staff did not respond positively to young people seeking adult attention. More attention was given to practical tasks, such as arranging appointments or organising lifts. A SP co-ordinates the young people's meeting but doesn't seem very enthusiastic about this. A residential worker spends two hours preparing a meal and cleaning the kitchen. A resident comes in several times for drinks but there is minimal interaction with the worker.

In another home (Group 4), which we judged also to offer poorer quality care, there was, what might be considered to be some insensitive teasing of a young person and sarcastic use of humour over a meal. A young woman was reading aloud the back of a leaflet and a worker interrupted '*I'm bored now*' when she was only part way through. There was little evidence of praise. A residential worker prepared dinner, served food onto the plates, invited everyone to sit down then wandered off into the office (before later reappearing). During the first evening of our observations, no activities were arranged. Apart from the meal, workers did not interact with the young people during the evening. One young person stayed in his bedroom and staff did not check on how he was; and a young man with few friends who didn't go out very often watched television on his own in a small room.

One of the main purposes of our visits was to observe how SPs functioned in the residential homes – especially how much time they spent directly with young people and if they practiced differently to others. This was difficult to achieve in one home, in which the residents spent much of their time out or in their rooms. We also mentioned previously the Group 3 home in which the SP acted more in a consultancy role and not working directly with young people. Taking this into account, in about half the homes with SPs, we could observe no real difference in how they spent their time compared with other staff, or in what they did. One SP spent most of her time cooking while we were with her and did not spend any time with residents. (Individual staff of course would usually be working only part of the time that we were present.) In another home there were no particular differences and, starting his shift, the first thing that one SP did was become immersed in checking his emails. Another SP where there had been difficulties spent noticeably *less* time engaged with young people than did other staff: for example, he interacted little with young people either during or after a meal.

However, in four homes (one Group 1, two Group 2 and one Group 3), we recorded that individual SPs operated differently to other staff. In one home, both SPs were more assertive in their interactions with young people. One resident was interested in a political career and the SP discussed this with her and gave positive approval, whereas other staff appeared unenthusiastic. At another (what we considered very caring) home, there was an interesting contrast when an English residential worker (RW) and SP were together. We observed the following:

... [RW] appeared warm and motherly/domestic but not very verbal; her use of language was more restricted and less expressive ... SPs seemed very serious ... Throughout the evening [SP] seemed to be more aware of her therapeutic role and was finding opportunities for engagement and development rather than simply looking after young people ... [SP] seemed to go beyond a quasi-parental role and be attempting to intervene in a more consciously therapeutic and educational manner and was far more verbal than [RW] ... [SP] seemed to be making a conscious effort to give positive feedback whenever the young person did something well ...

In the short-breaks home, staff and SP alike were highly involved in interacting with young people and there were broad similarities in professional approach. However, the SP seemed slightly more focused and assertive in her interactions and was adopting a more overtly educational rather than recreational approach to activities (e.g. using a computer). (Not all, including parents, would necessarily agree that this is the purpose of a short *break*.) Several children attending this unit had communication difficulties and when she was back at



work, the SP communicated with one boy using sign language, whereas the researcher had not seen this done by other staff the previous day.

A SP elsewhere gave good insight into how this professional approach can operate. We observed that 'SP is very professional, motivated and enthusiastic ... Genuinely wants this Pilot to work'. One young woman said that she wanted to be a model. The SP replied positively '*Let's look into it and take some photos in the garden*'. Her work could also appear more in-depth and purposeful. For example, she had asked the young people to list the 20 places they would most like to visit. A residential worker commented about this SP:

[SP] probably offers more than we do. She took the children to the ballet in London (the two girls cried), driving to London, going out for days in [the region]. [SP] probably extends their horizons more.

This SP was very active in her work and planned a range of *projects*. This could include bringing in prepared materials and worksheets etc. Teachers and other professionals might take work home but it is uncommon with residential workers. On returning from holiday, after checking for major developments, the first thing she did was seek out the young person for whom she was keyworker and discuss with him his application for a college course.

As we have seen, not all SPs worked differently or effectively, for whatever reason, and a number left residential homes prematurely (see Chapter 6). It was interesting to observe that other (English) residential workers, who admired the professionalism and dedication, often had misgivings and adopted a more intuitive, commonsense approach. Remarks sometimes arose during our fieldwork (not in the home mentioned above) along the lines that bad behaviour shouldn't be rewarded; SPs were being unrealistic and indulgent; or '*I wouldn't do that with my own kids*'. These reactions were discussed more fully in Chapter 8.

### **Record-keeping and bureaucracy**

There are two further areas of residential practice about which concerns have been expressed in England and where a social pedagogy approach might be different. These are the amount of time staff spend on record-keeping/bureaucracy rather than engaging directly with young people; and adopting an unnecessarily 'risk-averse' approach. We sought evidence concerning both during our periods of observation as well as in interviews.

There are concerns that social work generally has become too preoccupied with record-keeping and the Munro Review (2010) of child protection is focusing on how to reduce bureaucracy, including refining the Integrated Children's System (ICS). Parton (2008)

argues that child welfare has become dominated by new systems related to computer-based technologies and that the focus of the work is now more on the 'informational' rather the 'social' (see also Munro, 2010; Broadhurst *et al.*, 2010). This reflects reduced confidence in professional judgement and autonomy, linked to a wider 'scientific managerialism' and 'performance management' culture (Webb, 2004). OFSTED inspections expect to find high standards of recording.

Though these are national influences, it was interesting to observe that staff in the 12 homes we visited varied considerably in the amount of time allocated to recording, computers, telephone calls and sitting in the office. As with many organisations, managers' work was often more office-based. In three homes (from Groups 1, 2 and 4) residential workers seemed to spend most of their time in their office. One of these experienced a high level of difficult behaviour, which staff felt had to be recorded in detail (possibly raising issues of 'cause and effect'). In about half the homes staff spent very little time in office-based work and usually tried to catch-up when young people were out. Interestingly, the three Group 3 homes spent little time on record-keeping; while the other three groups each were more mixed. Staff in the short-breaks home spent no time in their office (apart from occasional five-minute rest breaks) and were busily engaged with the children. It seems then that residential homes can be organised in such a way not to remove staff from interacting with young people.

### **Risk aversion and 'touch'**

It is also widely perceived that working with children and young people is hampered by an inability to offer appropriate physical reassurance, such as 'hugs' or 'cuddles', or even to avoid physical contact of any form; as well as a preoccupation with 'health & safety'. Children often seek and welcome such comfort but foster and residential carers can sometimes worry about allegations of indecency. It is 14 years now since the second Utting (1997) review into safeguards for children living away from home but memories have not faded.

We did not witness inappropriate physical contact during our visits and had an agreed procedure to follow if we did. Services of course need to remain vigilant and the abuse of residents in the past was usually concealed from public view (Berridge and Brodie, 1996). Staff in the homes we visited were certainly aware that residents might benefit from physical reassurance but did not always feel confident that any claims of inappropriate behaviour would be fairly dealt with. This issue is further complicated by the older age-group living in these homes, which was almost 16 years on average. Physical contact can obviously be a

highly sensitive issue for young people who have been physically or sexually abused; a quite common occurrence for the resident group linked to their entry to care.

The homes were not highly tactile environments. We did not sense overall that staff were anxious to avoid any physical contact whatsoever but nor did they regularly initiate it. This might not be suitable in any case, especially from men. Staff in one Group 1 facility expressed deep concern about any physical contact and this home was the least impressive overall in our assessment of the quality of care. The SPs working here told us that this seemed very unnatural and had previously been part of their practice. For example, if a young person refused to get out of bed she felt that they would get into trouble even if they touched the duvet.

Yet other homes were unlike this and some examples of physical reassurance were observed. It was sometimes noticeable that it was the SPs who were the more physically demonstrative, for example if they had returned from holiday and a (usually female) resident would give them a hug. A manager in one (all-male) home commented that staff would sometimes ruffle boys' hair if it was felt that they were comfortable with it. We saw some hugs and friendly tickling in another home. One ex-resident returned for a meal and kissed a worker briefly on the cheek. Some brief 'side hugs' were involved. Therefore, it did not strike us that staff were intentionally avoiding contact but SPs were sometimes more physically demonstrative. Workers had obviously thought about this a great deal and sometimes it felt an uneasy compromise. They would welcome further guidance on this complex topic.

More generally, staff often reported to us during our periods of observation that there was a 'risk-averse' culture and arranging events and trips, for example, could be a drawn-out process. We did not sense that this significantly constrained the range of activities that young people were engaged in but organisation could be more complicated. We encountered one worker organising an activity weekend and did not baulk at young people's different suggestions. Two female staff were taking a young woman away for a few days on her own to a theme park in an effort to break the cycle of her contacts with predatory older men. In one short-breaks home, where most children (eight year-olds) at the time of the visit had an autistic spectrum disorder, we recorded the following on a day out to a farm centre:

Two staff members talked about how there was a lot of attention to health & safety/risk assessments etc but they thought it was good for children to take risks. Children on swings and getting up high on climbing frames. Touching and patting animals. Staff vigilant of possible harm, e.g. to chicks. Children on one

long rope-slide where worker ran down alongside them to make sure they were safe. Staff certainly not averse to letting them take risks but aware of the situation. Didn't let [name] get on a horse but he did travel round in a train carriage with a worker running next to him ... One senior member of staff said several times '*I'm the shift leader and I've done a risk assessment and I think that's safe*'. Children allowed to take more risks than I [the researcher] might have anticipated but staff were confident in their judgements. [Name] not allowed on rides – has inflammation of the brain and staff have immediately to ring 999 if he has a knock on the head [but he enjoyed indoor play more in any case]. Children giving staff some hugs, staff don't discourage. Holding of hands. This all seemed very enjoyable and professional.

## Short-breaks

As shown above, one of the 12 homes in our Intensive Sample offered short-breaks to children and families (Group 1). We had intended to visit a second but this one was late appointing SPs, which would have been the particular focus. Instead, we undertook one other visit to a different short-breaks home to broaden our general awareness. We include some general information about the home we visited elsewhere in the chapter but there were some additional specific issues that we considered, relevant to providing short-breaks for disabled children and their families (Cramer and Carlin, 2007; Tarleton and Macaulay, 2002; Council for Disabled Children, 2006, 2009; Marchant *et al.*, 2007; Robinson *et al.*, 2001; Stalker, 1995). It is invidious to present too much detail as anonymity is impossible and in any case the main purpose would have been a comparison between different approaches regarding social pedagogy. Nonetheless, many disabled children and young people each week experience residential care and they should not be excluded from wider studies.

The residential unit, spaces and facilities were very accessible for children with physical disabilities. An important consideration of services for disabled as well as non-disabled children is whether staff are respectful to children. We concluded that staff were very child-centred and focused on their needs, spending all their time with them. Children were given choices over what they did and which foods they wanted. There were no disparaging comments about children or their families. There was a high priority on keeping children safe with high staffing ratios. Staff were alert to children running-off and activities were carefully chosen to be suitable, for example on the day trip to the farm centre. Privacy and dignity were respected regarding clothing and personal care.

There was attention to keeping children comfortable and they seemed to be enjoying themselves much of the time. They were suitably clothed and changed when required, e.g. when playing with water or requiring the toilet. There were regular breaks during the day

with drinks and snacks. Children were allowed to relax whenever they wanted to. The environment was very stimulating with many activities for children, for example:

Sensory room, several toy cupboards plus toys in the living areas, computer games, garden with swings, go-kart track and sensory garden although the latter two not used during our visit ... Playing with water hose, paddling pool. [Name] dressing-up e.g. turtle outfit, sensory board with spinning wheels and shapes etc. DVD player. Lots of activity on Saturday morning: all playing in one room under a large sheet – children enjoying being underneath as it gently waved up and down. Staff then all sat under it with the children ... Very busy home with children constantly on the go with staff.

We were interested to know whether children made friends during the visits. It was difficult to tell but one boy was said to have made a friend while playing in the park; and that age, ability and acquaintances were taken into account in planning suitable weekends for the children as well as their parents.

It is also important in planning short-breaks to minimise disruptions to children's routines. We were shown evidence of planning the breaks with parents to establish children's likes and dislikes, food preferences and allergies, bedtimes, night lights on/off etc. These were part of an overall care plan agreed with parents and school. Parents that we met dropping off their children said that this consistency was important.

### **Relationships with children's families**

We were interested in the relationships that all homes had with children's families and whether there were differences between the four groups. We draw here specifically on our observational data, such as if parents or relatives visited homes, whether staff public discussions referred to family and whether professional perspectives were approving or disapproving of family members. We are aware that private discussions and communication will also occur.

The strongest links with family were demonstrated by the short-breaks home discussed above. Mothers who brought their children for the start of the break seemed well acquainted with staff, who knew them and their families well (no fathers were present, interestingly). They were warmly welcomed. These parents were likely to be of a much wider social mix than families of looked after children living in the other homes (Berridge and Brodie, 1998). We were able to speak briefly with three mothers when they arrived, who said that the break was highly valued and allowed them, for example, to relax, e.g. read a magazine, spend time

with siblings, or it could be good to go out without being stared at. Their problems stemmed not only from children's impairments but from social attitudes.

In the same home, 'Pathfinder' days had been organised for families on the waiting list, which allowed a break of a few hours and for children and parents to get to know the home. We saw brothers, who appeared understandably unsettled, on their first visit with a carer. We were informed that there was some flexibility over visits to fit-in with family circumstances. We were also told that parents are involved in staff selection and that functions had been organised for families, such as Christmas parties and barbeques. However, the latter had not been well supported and it may be that the main purpose of a 'break' is just that. It was also said that staff would phone families after a visit and tell them how it went and share any photographs that had been taken, say on an outing.

In the other 11 homes, family issues were clearly relevant to young people and sometimes a continuing source of difficulty or tension. In Chapter 4, staff concluded that young people's links with their families were often problematic. One young woman explained how she was a middle sibling of many and for a long time had been the main source of support for her mother. Family relationships impinged on residential life. We did not meet any parents who visited the residential home, although several young people visited family while we were there. The grandparents of one young man came and were invited to stay for tea (Group 1). Workers had previously planned the visit with the resident and this relationship was important to him. Grandparents are important figures in foster care for children (Farmer and Moyers, 2008), accommodating approaching half of all those living in family and friends care, but grandparents have received less attention in relation to residential care. There is further potential.

Staff were accepting of families' situation and appreciated that they had an important role for residents. There were very few disparaging remarks, certainly in front of residents. In just under half of all homes we perceived a constructive approach to working proactively with families and seeking to make this a positive experience for young people. For example, in a Group 4 home we witnessed a very detailed discussion about Christmas arrangements and ensuring that holiday plans and home visits matched young people's needs. In the other half of homes staff were not discouraging of appropriate family contact but more neutral about it, not making it a main focus of their professional efforts but acting in a more facilitative role. We did not witness discussions but the balance of responsibilities for families could have been more with social workers.

A proactive approach towards birth parents was less evident in Group 2 and 3 homes and did not just reflect those with long-/short-term functions where family considerations might be different. SPs generally did not adopt a noticeably different approach to working with families than did other workers. However we did observe two examples where this was the case. In one (Group 2), staff had a positive approach to sibling contact but a SP argued strongly to invite younger siblings to a girl's birthday party; other staff were reluctant as they had misbehaved on a previous occasion but the SP was persistent. In the other example (Group 3), the SP co-worked with another residential worker to consider how the home might have a stronger role in family relationships. This was said to have influenced staff thinking.

## **Education**

It has been said that SPs are not expected to make a formal contribution to children's schooling/college and so it is not relevant to our evaluation. We disagree as educational progress has been a key strand of government policy for looked after children (Berridge *et al.*, 2009). Education, training and jobs are seen as important routes for social mobility and an escape from disadvantage. Social workers, foster- and residential carers – as corporate parents – should encourage and support children's education as would any good parent. We sought evidence during our observation visits on, for example, reinforcing a culture of school/college attendance and attainment; access to educational resources; and future expectations. This did not apply to the short-breaks homes visited, which had a different function.

There was variation within Groups 1-4 about the extent to which educational issues were addressed. The most impressive home for us educationally was a Group 2:

Staff very much encouraged and supported young people's attendance at school/college. Three of them were starting FE college the week we visited and staff displayed a lot of interest and encouragement, gave positive reinforcement when they could. Young people have access to a computer ... Much liaison with education support worker, head of education team and SWs ... When we mentioned university there was acknowledgement that [name] might get there.

In addition there were two comparison Group 4 homes that gave high priority to educational issues. In one we recorded:

There was lots of discussion at the staff meeting about current [educational] provision and other possibilities. For example [name] had mentioned she might be interested in going into the legal profession after having been in court. Her keyworker raised this in the staff meeting and said that she had discussed lots of

possibilities related to the profession with her and had contacted the Virtual School.<sup>21</sup>

The following day a representative from the Virtual School visited the home to discuss this with the young person and staff - a very quick response.

In the other comparison home, school refusal was a problem and workers spent a great deal of time challenging this. We observed staff and young people engaged in homework-like activities, for example in relation to one young man's cookery course. The resident was asked to write out the recipe and a list of ingredients, which he would buy later. The worker would not allow him to be distracted by other residents:

[name] was sat at the table as well and was distracting [name] a little bit. Every time this happened the worker stopped their conversation after a while and asked [name] to focus on his homework. Eventually, the worker had to help [name] spelling some words for him because he had problems writing. The worker never took over the job of writing these words down and gave [name] the time he needed to do it by himself.

Those homes offering a high quality of care and much interaction with residents also tended to reinforce young people's potential to learn. One young person had enjoyed a period of work experience with a local MP. A worker said that she would vote for this resident if he embarked on a political career because he would be good at it. In a Group 3 home there was a very pleasant craft session one afternoon involving two staff (the SP wasn't working at the time) and three residents. The workers gave regular, positive comments about how good the painted jewellery boxes were looking. The young people produced some attractive items for gifts or personal storage. They were clearly engrossed in the activity and enjoyed the affirming adult attention; some important issues were discussed informally, such as partner relationships, and the researcher present concluded that this activity seemed relaxed, enjoyable and therapeutic. It was an activity that a SP might have initiated but other residential workers can do the same.

These positive experiences could be contrasted with two other homes in Groups 1 and 4. In the former, a young person returned from a day at a project which helps with job skills. He stood in the doorway to the office telling a worker about his print-out of jobs. She gave him a little encouragement but it was only a brief interaction and the worker did not grasp the opportunity. In the second home, a worker said to us in a casual conversation '*These are young people in care, you cannot expect more from them, at least they are attending school*'.

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<sup>21</sup> For a discussion of Virtual Schools for looked after children see Berridge *et al.*, (2009).



Ensuring school attendance was a challenge for many homes across the four groups and it could appear (as with the social workers' interviews – see Chapter 10) that there was more emphasis on attendance than attainment. Staff in a few homes reported that non-attendance was not an option or that placement in the home depended on attending school or college. However this was not straightforward for homes with an emergency or short-term assessment role, as educational difficulties were often part of the reason for referral in the first place. We did not find that homes colluded with non-attendance, although as many residents were following a shared- or part-time curriculum between school/college/off-site unit, tracking attendance requirements could be complex.

Concerns were expressed about one young woman intentionally seeking to be excluded by setting fire to her papers in class. The head of home argued with the education unit that they could not exclude her as their function was to work with excluded pupils. One home in particular worked hard with residents not attending school in ensuring that the home maintained the structure of the school-day and occupants were expected to work rather than relax.

Just about all homes had computers available for young people, although access to the Internet posed dilemmas about safety. Computers were used by young people in all homes during our visits with the exception of two Group 2 homes. Most homes had books available but they were sometimes rather old and uninspiring and there was not great evidence that they were widely used. The Letterbox Club<sup>22</sup> is a worthwhile initiative, which has sent books every six months to young people in foster care to stimulate greater interest in literature and reading and it would be good to see this used more widely too in residential care. Given how popular magazines are with many teenagers, it was disappointing that these were not provided in homes, nor were popular newspapers.

About 15 per cent of young people in our sample homes attended FE college full- or part-time and this area of provision was often discussed. University can be an important goal but there has been little discussion about the *FE sector* and what it has to offer to looked after young people. University was seldom mentioned during our visits, which was a missed opportunity for staff and agencies given that two university employees were on hand over the two or three days to talk about its possible benefits, fees and what student life was like (Jackson *et al.*, 2005).

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<sup>22</sup> See: <http://www.letterboxclub.org.uk/Home>.

The educational attainments of looked after young people have improved in recent years, although narrowing the attainment gap with all pupils is more problematic (DfE, 2010b). This is complicated by the older age-group occupying residential homes nowadays (average of nearly 16 years). School plays an important complementary role and of course we did not sit-in on private discussions between residents and staff to know exactly what occurred. Middle class families often routinely boost children's confidence and, through everyday discussions, raise and reinforce future expectations. Few residential homes in our sample matched this, with or without SPs and spanning local authority and voluntary sectors. This remains an enduring feature both of residential and foster care in England (Brodie, 2010).

### **Managing anti-social behaviour**

Given the unsettled pasts that residents had often led (see Chapter 4), including experiences of neglect and abuse, we would expect many to be troubled and troublesome. The residential sector often caters for this older, challenging group and so behavioural management becomes an important issue. During our observations we considered the level of anti-social behaviour and staff responses.

Research has found that peer violence and intimidation can be common for young people living in close proximity in a residential home. The social dynamics of residential life can be complex with its hierarchical nature (Barter *et al.*, 2004). Peer relations appeared harmonious during our visits, although exploitation and conflict may be concealed, often occurring at night (*ibid*). Friction was evident in four homes (one each of Groups 2 and 3, and two Group 4). Residential staff intervened when verbal conflict arose and there was not evidence that SPs generally responded differently from their colleagues. Swearing and unacceptable language to adults can be common features of youth cultures and there was some swearing in the majority of homes. Staff addressed swearing but often it was disregarded, across the four groups. We encountered one member of staff using swearing.

About half the homes visited, across groups, faced major problems dealing with residents' challenging behaviour. In a Group 1 home, for example, we were informed that the SP had needed to physically intervene when a resident was attacking his girlfriend, and another young man had been arrested for intimidating a witness. In the same home a young woman aroused major concern by drinking excessively and misusing drugs, as well as committing arson. She was also observed with bruises on her. We would not always have been aware of other forms of self-harming behaviour, although it was evident in at least three other homes (Groups 1, 3 and 4). Homes had linked with clinical psychologists/CAMHS services.

While incidents of anti-social behaviour are clearly very serious and we should not underestimate their complexity, homes can sometimes become involved in a spiral of responding to problem behaviour rather than seeking solutions and initiating strategies (Colton, 1988). Sometimes homes have also been criticised for being 'criminogenic' and involving the police in relatively minor incidents that families would deal with themselves (Nacro, 2005). Much of the local variation in offending levels of looked after children has been attributed to differences in policies rather than actual delinquency rates. We did not witness trivial incidents leading to police involvement but encountered one situation in which a worker threatened calling the police having been sprayed with cleaning fluid, but the head of home said that this would not occur following such a minor occurrence. The (Group 3) home following the Therapeutic Crisis Intervention (TCI) approach, in which all staff received eight weeks' training and annual refreshers to deal with challenging behaviour, did not display much anti-social behaviour and staff felt that the training assisted their work.

There was not a general pattern of SPs dealing differently with anti-social behaviour compared with their UK colleagues, although we did find some specific examples. For example, we recorded at one staff meeting in a Group 2 home:

... although they generally agreed, [SP] seemed more thoughtful and pushed things further – was serious and persistent and did seem to think more globally about young people's behaviour and needs, not just focusing on recent difficult incidents. She argued that they had to make it clear to [name] that his behaviour was unacceptable – said they weren't doing him any favours letting him get away with his threatening, abusing behaviour, as the outside world would respond differently to this ... But when [name] did something helpful one evening (setting up the 'Wii console' when no one else could do it), [SP] was quick to comment on his helpfulness: always appeared to be reflective, conscious of her therapeutic role, interpreting behaviours (good and bad) and responding to them.

The head of home and other staff sometimes appeared intimidated by this resident's behaviour and the SP argued that he should not be allowed to take control or '*take over*' but that they should challenge him more.

Though quite different, there were also major behavioural problems with the group of eight-year old boys with autistic spectrum disorders visiting the short-breaks home. One boy had two workers with him all the time to prevent him from slapping and grabbing hair as well as running off. Staff and researchers were advised not to wear glasses and to tie hair back as required. A younger boy occasionally swore out loudly, lay on the floor and screamed. He bruised and scratched staff, drawing blood. The strategy with the first boy was very successful and had been developed with home and school, including sitting on a red chair

when he was naughty and counting down in reverse to calm him down. However, it was the younger boy's first visit so staff were unaware of his difficulties and there had not been the opportunity to develop preventive strategies. It is apparent how welcome is a high quality, planned short break to many families with children with complex learning difficulties (Tarleton and Macaulay, 2002).

Young people can be troubled and troublesome in a variety of ways. There might be a tendency to respond most to the overtly challenging, disruptive and delinquent rather than those who *internalise* their difficulties. Without wishing to stereotype, this might also have a gender dimension. Therefore, we observed whether attention was given also to young people who could be unduly quite, upset or distressed, who pose fewer behavioural management problems. There were a few examples where this was the case, such as when young people spent a lot of time sleeping or alone in their rooms. But overall, we felt that the more introverted were not ignored. We discussed above the problem of self-harming. One home in particular gave much attention to young people's moods and how they were feeling. We also witnessed staff with some young people who were distressed following meetings or conversation with parents.

Though tensions could arise within the 12 homes, the main difficulties in management experienced by most, across groups, concerned residents' behaviour and associations out in the neighbourhood and wider community. This concerned both offending and drugs use, mainly cannabis. One young man allegedly could access a gun; and another misusing alcohol and drugs did not expect to survive beyond the mid-twenties. It was very difficult to keep track of associates. Girls often appeared to have older boyfriends – a strong risk factor it seems for possible partner exploitation and violence, especially for disadvantaged teenagers (Wood *et al.*, forthcoming). We recorded in one SP home:

Cannabis, alcohol, solvents, sexual risks. [Name] had been in court the previous week for a burglary. [Name] on curfew to prevent her going out and try to keep her safe [from older men]. Worker asking [name] how old her boyfriend is. She said '19'. Worker said that's probably not too bad. Staff had discussed safe-sex with girls ... Young people are not allowed to keep aerosols in their rooms ... Great deal of concern shown over who are friends, who are boyfriends and what are their ages, and who are they going out with etc ... Staff ask who young people had been out with on their return.

Staff were very active in attempting to manage these issues but there were clearly risks.

Indeed, we were interested in the extent to which staff intervened in young people's friendship networks. While it could be considered intrusive, especially for teenagers, there is a literature demonstrating that encouraging pro-social friends can help curb delinquency (Nacro, 2005). Generally this was an area where there was active interest and staff asked who were young people's friends and steered them towards wider friendship groups. We observed encouragement to attend local youth clubs. Two units in particular were observed to press young people to invite appropriate friends to the home. Elsewhere, one resident had a new girlfriend and the home developed a strategy with her parents to oversee their relationship: she was considered vulnerable and had a learning difficulty. One young man was discouraged from spending time with an older friend, who was known in the neighbourhood and considered to cause trouble. Much time was spent attempting to monitor the boyfriends of young women and this was complicated with phone messaging and social networking sites. One young woman was taken to a theme park for a weekend with two staff in an effort to break her contacts with older men. There was much concern over her vulnerability. Ultimately, secure provision is sometimes used to keep people safe (O'Neill, 2001) but it is unacceptable to have to deprive the liberty of a victim when the problem is caused by predatory men. The short-breaks unit engaged in much 'normalising' activity and children spent time outside the home with non-disabled children.

No physical restraints coincided with our presence in the homes apart from the situations already mentioned. We have already said that, reportedly, a SP had to physically prevent a young man assaulting his girlfriend; and the young boy who was regularly, carefully stopped from hurting others or to keep him safe such as near roads. We were also informed that a further incident occurred during our absence when a head of home removed a cigarette lighter from a young person to stop him smoking in bed at night.

Overall, we felt that the efforts made by Group 1, 2 and 4 homes to manage anti-social behaviour were not dissimilar but that the Group 3 practices were slightly more consistent.

### **Inter-professional working**

The final main dimension that we wanted to explore in our home observations was inter-professional working. Inter-professional working is a key area of government policy, both for all children with *Every Child Matters* (DfES, 2004) and specifically regarding child protection (DCSF, 2010). We wanted to investigate if SPs adopted a different approach to inter-professional working, given their different training and role, as well as being familiar with a different professional context. There is an argument, that we consider elsewhere, that children's services in England are too fragmented and that this undermines the residential

worker's professional responsibility and autonomy. As with some other issues we have considered, inter-professional working is not necessarily evident to the visitor (e.g. head of home's actions) and we explored this in our interviews reported in other chapters, including social workers' perceptions (Chapter 10). However, we also wanted to explore the public dimensions of this, such as if other professionals regularly visited homes or if they were prominent in staff and young people's discussions.

Inter-professional working was not the key focus of the short-breaks home, it was more a service for families, although links were required. The clear majority of other homes had much inter-professional activity. It seemed that Group 3 homes demonstrated this more than others, while two of the Group 4 homes had fewer professional links. During our visit to one Group 3 home, for example, we were aware of a residential worker arranging gym membership with one young person's social worker. A worker attended a meeting at the college of another resident. A clinical psychologist spoke at the team meeting and met briefly with a couple of residents while present. (A different specialist professional attended team meetings each month to promote awareness.) Furthermore, a residential worker attended an orthodontist appointment with a young person; there was a discussion with a Looked After Children's Nurse to obtain information; and a young man had a meeting in the home with a member of the anti-drugs team.

In one home a young man became noticeably distressed at the number of professional visitors present (*'There are ten people in this house!'* The researchers withdrew.) A dilemma for residential care is that the household is both a private and a public setting. Main professional links that we witnessed appeared to be with social workers, educational professionals, CAMHS/psychologists, youth offending teams and the police. Three homes seemed to be less professionally active, with the exception of uninvited police attention (and one that kept a local taxi firm busy). We did not observe that SPs as a group, compared with their colleagues, acted differently regarding interprofessional working.

## **Conclusion**

Let us now attempt to bring together the main implications from our observations in the 12 homes. We feel that this element of the study was very fruitful and complements other data collection. We focus here especially on the extent to which there were any differences between Pilot homes employing SPs (Groups 1-3) and comparison homes (Group 4) which did not.

We need to be cautious with our findings due to the small number of homes but there were a number of areas where there were no major, observable differences between Pilot and comparison homes. This included the physical location, presentation and internal environment of homes. Only one home was attempting to subscribe completely to social pedagogy and to implement it as an underlying framework. There was little explicit reference to social pedagogy in the homes during our stay, including when young people were absent, unless we raised the topic. A broad, reflective, analytic approach towards children's problems and needs was not restricted to homes where SPs were employed. In about half the homes with SPs we could observe no major difference in the role they were attempting to perform and how they spent their time, compared with other staff. Residents' movements and access to space were similarly unrelated. Some examples of insensitive practice towards young people were to be found across Groups 1, 2 and 4. Pilot or comparison homes were not noticeably more or less 'risk-averse'. Homes varied in the degree to which they prioritised young people's educational experiences and no one group stood out. Compared with other staff, SPs *individually* did not respond differently to anti-social behaviour, nor were they more- or less interprofessional in their outlook.

Despite the many similarities, there were nevertheless some differences in the way that Pilot homes operated. Some SPs were physically more demonstrative with young people than were other residential staff colleagues. There also appeared some advantages in the way the three Group 3 homes functioned compared with others (including Group 2). For example, we concluded that there was a more consistent quality of care offered (there was one weaker home in the three other groups). There were fewer examples of less sensitive practice. Group 3 homes' staff tended to be less office-based. Group 3 homes also responded more consistently to anti-social behaviour. However, Group 2 and 3 homes could be *less* proactive regarding birth families than others.

To reiterate, these findings are tentative. We should also be cautious in attributing any strengths of the Group 3 homes directly to the contributions of their SPs. As a group they were more professionally experienced than their Group 2 colleagues (see Chapter 3). Yet in one of the three, the SP had minimal involvement in the home itself but worked mainly externally. In a second, there were problems with the employment of the SP; and in the third a SP had previously been transferred to another Pilot home. It is not clear-cut: any differences might have arisen by chance or there could be other explanations. For example, in order to opt for Group 3 status (with a SP having a broader role), the home may already be more confident or functioning better and that is what is being picked-up rather than the

overseas influence. We also saw in Chapter 3 that there are other specific features of the Group 3 homes regarding their intake.

The better homes may have had particular features which have contributed to their effectiveness. We decided to explore whether there were factors which distinguished the homes that offered the highest quality of care from homes that were rated less highly. We expanded the group to include four homes that were rated as offering the highest standard of care. (The home offering short-breaks for disabled children was not included in this analysis.) There was one home from each of Groups 1-4; this was not intentional but a coincidence. Overall, there appeared to be very few differences in characteristics between homes that were rated highly and those that fared less well. We must caution that the number of homes involved is very small and this analysis was exploratory.

There were no particular differences in ratios of staff to residents between homes that were rated the highest and the remaining homes in the Intensive Sample. Staff in homes that offered the highest standards of care were not better qualified nor more experienced. There were also no differences in the ratings given by senior managers for the overall quality of the home and the quality of the leadership. Of course, there may be something distinct about the management in these homes that we did not set out to measure or assess. Certainly, other studies have found that leadership is particularly important (Sinclair and Gibbs, 1998; Berridge and Brodie, 1998). A recent report by Ofsted on outstanding children's homes highlighted that effective leadership was central to the success of these homes (Ofsted, 2011).

Previous research has found that more effective residential homes tend to be smaller (Sinclair and Gibbs, 1998) and the four high standard homes were not among the larger: three of them had four places for young people and one had three. Interestingly, homes that were rated most highly by the researchers were less likely to be those that indicated that they short-term or emergency placements. Only one of the four homes offering the highest standard of care provided this type of service compared with nearly all of the other homes in the Intensive Sample. Perhaps homes that are able to focus principally on longer-term care can more easily develop a more coherent approach.

There was no evidence that the homes that were rated most highly had residents with fewer difficulties. Additionally, when considering the aggregate data on placement moves, exclusion from school, going missing overnight and involvement in the criminal justice system, there did not appear to be any particular differences between the homes that offered



higher standards of care compared with those that were rated less highly. There were homes with high and low levels of these problems amongst the group of homes that performed better and the group that did not offer such a high standard.

In summary, there were very few differences between homes that were rated highly and those that fared less well. Homes that offered a high standard of care were perhaps more likely to state that they did not accept emergency/short-term placements. These findings are only suggestive as the number of homes involved is very small. Further exploration of these factors with a larger sample would be required in order to verify any differences.

### **Summary points**

- We undertook observer participation in 12 homes usually over three days. Nine were Pilot homes employing SPs (three each from Groups 1-3) and three were comparison homes (Group 4). We need to be cautious in any conclusions as numbers are small and it is difficult to pinpoint cause and effect.
- Most homes were considered to be comfortable and well-furnished, however several Pilot and comparison homes continued with unnecessary institutional characteristics.
- SPs in Group 1 homes were integrated into life in the homes but their acceptance in Group 2 and 3 homes could be more problematic.
- There was little explicit discussion of social pedagogy in the homes and just one Pilot was moving to social pedagogy as an underlying practice framework.
- In about half the Pilot homes we could observe no difference in the daily role that the SP was attempting to perform compared with other staff.
- There were no observable differences in several respects between Pilot and comparison homes: physical environment; control of residents' movements and access to space; evidence of an analytic, reflective approach; emphasis on educational attainment; and degree of 'risk aversion'.
- There were some differences in how Group 3 homes functioned but, once again, we should be careful how this is interpreted. These homes seemed to offer a more consistent quality of care; there were fewer examples of less sensitive practice; staff were less office-based; and these homes responded more consistently to anti-social behaviour. Group 2 and 3 homes could be less proactive regarding birth families.

## 12. Outcomes for young people

At follow up, on average just under seven months after our initial survey, 66 of the young people in the sample of homes were still living in the same establishment but 48 had left their placements.<sup>23</sup> Residential workers returned questionnaires on all but eight of the young people so attrition was low. We were therefore able to gather information on 93 per cent of the original sample at follow up (62 young people who remained in the same home and 44 who had left) as shown in Table 12.1

**Table 12.1 The sample at follow up (n=106)**

	<i>Group 1</i> (3 homes)	<i>Group 2</i> (6 homes)	<i>Group 3</i> (6 homes)	<i>Comparison</i> (11 homes)	<i>Total</i> (26 homes)
	n (% of original sample)				
Still in placement	4 (50)	13 (46)	10 (37)	35 (67)	62 (54)
Left placement	4 (50)	7 (25)	17 (63)	16 (31)	44 (39)
Total	8 (100)	20 (71)	27 (100)	51 (100)	106 (93)

Half of the (eight) young people lost to follow up were still in the same placement and half had moved on by that point. All of them had been living in Group 2 homes, so the sample from this group of homes was regrettably much reduced despite our strong efforts. Four of them came from a single home and accounted for the total sample from that home, so there were 26 homes in the follow-up survey instead of the original 27.

The mean length of follow up was 6.8 months, ranging from 4.7 to 9.4 months, with around two-thirds of the follow-up questionnaires completed six to eight months after our initial survey. The planned length of follow up had been six to nine months, determined by the time available for our study, but the actual time to follow up was determined by how long it took individual homes to return questionnaires at both stages of our survey.

### Comparing 'stayers' and 'leavers'

At follow up, those who had left the homes (the 'leavers') were slightly older, on average, than those who remained (the 'stayers'), with a median age 16.8 years for the leavers

<sup>23</sup> This chapter excludes temporary visitors to the short-breaks/education units, who were not included in the outcome evaluation.

compared with 16 years for those who stayed in the same placement.<sup>24</sup> However, there was considerable variation within these groups, with the age of the leavers ranging from 10.9 to 18.6 years, while the age of the stayers ranged from 12.2-19.7 years. Those who remained in the same home were equally likely to be male or female, but a higher proportion of those who had left were male (73 per cent). There was no difference in the likelihood that young people in private or voluntary sector homes, as opposed to local authority homes, would be either stayers or leavers.

As the above table shows, nearly two-thirds of the residents of Group 3 homes had left by follow up. This was to be expected since, as we saw in Chapter 4, many of the residents of Group 3 homes had been placed for short-term purposes (for assessment, emergency reasons or in preparation for another placement or return home). Half of those in Group 1 homes had also left by follow up, most of whom had been reported, in our initial survey, to have been placed for 'treatment' or for preparation for independence. In contrast, roughly two-thirds of the sample in Group 2 and 4 homes had remained in the same placement. At the time of our baseline survey the homes in these groups had included a higher proportion of residents placed for long-term care, so again this was not surprising. Among young people placed for long-term care or in preparation for independence, those who left by follow up tended to be slightly older, on average.<sup>25</sup>

We also saw in Chapter 4 that young people who had entered the looked after system at the age of 11 or over had been looked after for a significantly shorter time, and were more likely to be living in Group 3 homes, than those who had entered before the age of 11. Compared to adolescent entrants, those who had entered at a younger age were more likely to have been placed in the home for the purpose of long-term care. By follow up, a higher proportion of adolescent entrants to care had left the homes (53 per cent) compared to the more settled group who had entered care before they were 11 years old, only 23 per cent of whom had left.<sup>26</sup>

On average, the leavers had spent less time in the study homes than the stayers. However, the duration of placements in each group of homes varied widely for both the stayers and the leavers. Consistent with the differing patterns regarding the purpose of placement for the

<sup>24</sup> Mann-Whitney U test significant at  $p=.021$  ( $n=105$ ). The mean age was 15.9 years for the stayers and 16.4 years for the leavers.

<sup>25</sup> Mann-Whitney U test significant at  $p=.046$  for those placed in preparation for independence (mean age 17.3 years for leavers and 16.5 years for stayers). Mann-Whitney U test was not significant in relation to those placed for long-term care (mean age 16.5 years for leavers and 15.8 years for stayers).

<sup>26</sup> Fisher's Exact Test significant at  $p=.007$ .

four groups of homes, the young people who had left Group 3 homes by follow up had the shortest placements, as shown in Table 12.2.

**Table 12.2 Mean months in placement (n=99)**

	<i>Group 1</i> (n=5)	<i>Group 2</i> (n=20)	<i>Group 3</i> (n=25)	<i>Comparison</i> (n=49)	<i>Total</i> (n=99)
	Mean (range in months)				
Stayers n=59	21 (18-23)	19.1 (7-40)	15.8 (5-48)	20.15 (7-51)	19.2 (5-51)
Leavers n=40	14 (12-17)	15.9 (3-42)	8.2 (1-22)	14.1 (2-51)	12.2 (1-51)

Young people in the comparison homes were more likely to still be in the same home by follow up than those in the Pilot homes (Groups 1-3), as 69 per cent remained compared with 49 per cent of those who had been in the Pilot homes at baseline. This was almost certainly because those in the comparison homes were, on average, younger, more likely to have become looked after before the age of 11 and more likely to be placed for long-term care; whereas the Pilot homes included a higher proportion of adolescent entrants, some of whom were placed for short-term purposes or had moved to independence by follow up.

### **Behavioural and emotional outcomes for the stayers**

In our initial survey we asked residential workers to indicate whether the young people displayed a range of behavioural and emotional problems or risk behaviours. We repeated these questions at follow up and compared the answers given at both points in time to investigate whether there had been any changes and, if so, whether there was any difference in the likelihood of change between the SP homes and the comparison homes.<sup>27</sup> This information was only available on the stayers, as staff were not asked to complete full questionnaires for the leavers.

### **General behaviour and aggression**

Our initial survey showed that general behavioural problems were reported in relation to 84 per cent of the young people and were equally common among the residents of all four groups of homes. There had been little change by follow up, as behaviour problems were reported in relation to the majority (86 per cent) of those who had behaviour problems at baseline. As before, there were no significant differences between the groups of homes in the proportions for whom behaviour problems were reported at follow up.

<sup>27</sup> Although we encouraged consistency, questionnaires had been completed by the same member of staff at both points in time in only 17 cases (27 per cent of stayers).

Similarly, at follow up aggression or violence was reported for 80 per cent of those for whom the behaviours had been reported at baseline. Among young people with aggressive or violent behaviour at baseline, this appeared to have been resolved by follow up for a quarter (four) of those in the SP homes and 17 per cent (four) of those in comparison homes. However, numbers were too small for tests of statistical significance.

### ***Involvement in crime***

We compared patterns of recorded offending for the six-month period prior to our baseline survey with those for our follow-up period. We asked residential staff to tell us of any formal reprimands, final warnings or convictions since the date the initial survey questionnaire was completed. Clearly this is a very short period for potential involvement in crime to come to light. It is also possible that some involvement in the criminal justice system might have been reported twice (although to avoid this, we asked respondents to report on events since the date the initial questionnaire was completed, and noted this date on each follow-up questionnaire before it was sent out).

Information on recorded offending was provided at both points in time for all but three of the stayers (59 young people). For 37 per cent (22) of these, there were no reports of any involvement in crime at either point. Over half (34) were reported to have been involved in the criminal justice system during the six months prior to baseline and over 60 per cent (21) of these had received a further disposal (a final reprimand or conviction) during our follow-up period. However, for over a third (13) of the previous offenders, there was no recorded evidence of fresh involvement in crime over the follow-up period (although it is of course possible that some had indeed continued to engage in illegal activity that had not been detected). In three other cases, young people not reported to have been in contact with the criminal justice system in the six months prior to baseline had received a warning, final reprimand or conviction during our follow-up period.

To sum up:

*Among the stayers group as a whole:*

- 22 (37 per cent) were 'non-offenders' at both points in time;
- 34 (58 per cent) had received a reprimand, final warning or conviction in the six months prior to baseline;
- three (five per cent) were 'starters', who were first reported to have been in contact with the criminal justice system during our follow-up period.

*Among those reported to have been involved in crime at baseline:*

- 21 (62 per cent) were 'continuers,' who committed recorded offences during both periods;
- 13 (38 per cent) were 'desisters' who had offended prior to baseline but not during our follow-up period.

Six of the 'leavers' had left the homes by follow up because of their behaviour within the home which had led to the involvement of the police (details are given in the section on leavers below). Five of these had also been in trouble with the police in the six months prior to our baseline survey. If these young people are taken into account, then at least 26 were 'continuers', representing 43 per cent of all those with reported criminal behaviour at baseline. However, this may be an underestimate, as no information as to whether or not involvement in the criminal justice system had persisted at follow up was reported in relation to the other previous offenders in the leavers group (22 young people).

We then examined whether any of these groups were more likely to be found in Pilot homes or comparison homes but found no clear patterns regarding onset, continuation or desistance from offending between the four Groups. At baseline, the 'stayers' living in Group 3 and the comparison homes had been significantly more likely to be involved in crime than those in the other two groups of homes.<sup>28</sup> At follow up, half of those with no recorded involvement in crime at either stage came from comparison homes and half from Pilot homes, in most cases from Group 2 homes. However, all three of the 'starters' also came from Group 2 homes.

All but two of the desisters came from comparison homes, but so too did roughly half (11) of the continuers. Most other continuers (7) came from the Group 3 homes which, as we have seen, mainly offered shorter-term placements to adolescent entrants to care. Interestingly, in most cases the continuers and desisters came from different homes. Overall though, there were no clear differences between Pilot homes and comparison homes in the likelihood of continuing to be involved in crime or desisting from crime during the follow up-period.

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<sup>28</sup> Fisher's Exact test for involvement in crime by homes group significant at  $p=.005$ . The proportion of stayers involved in crime in the six months pre-baseline were 50 per cent (2) of Group 1 residents, 23 per cent (3) of Group 2, 80 per cent (8) of Group 3 and 71 per cent (24) of Group 4.

**Risk behaviour**

Reports at baseline indicated that many of the young people in the total sample had been involved in behaviour which put them at risk (65 per cent), including going missing (60 per cent), and abusing alcohol and drugs (52 per cent). By follow up, there was little or no change in the proportion involved in these behaviours, as shown in Table 12.3.

**Table 12.3 Young people involved in risky behaviour at baseline and follow up**

	<i>Follow up</i> n (%)	<i>Behaviour continued</i> %	<i>Behaviour ceased</i> %
Risky behaviour (n=59)	17 (29)	71	29
Going Missing (n=60)	30 (50)	69	31
Alcohol/drug abuse (n=62)	31 (50)	83	17

As this table shows, the majority of the young people displaying risk behaviours at baseline were also reported to demonstrate them at follow up, but for a correspondingly smaller proportion these behaviours had apparently ceased. However, among those not reported to engage in running away, substance misuse or generally risky behaviour at baseline, between a fifth and a third (depending on the behaviour) were doing so by follow up. There was no apparent difference in the likelihood that young people in any of the four groups of homes would engage in these behaviours at either baseline or follow up.

**Self-harm**

A third of the young people in the total sample, and 38 per cent of the stayers, were reported to have self-harmed during the six months prior to baseline. Just under half of them had continued to do so during the follow-up period, as shown in Table 12.4. As before, numbers were too small to allow comparison between groups of homes.

**Table 12.4 Young people involved in self-harm at baseline and follow up**

	<i>Follow up</i> n (%)	<i>Behaviour continued</i> %	<i>Behaviour ceased</i> %
Self harm (n=59)	17 (29)	47	53

**Education: participation, progress and outcomes for the stayers**

We compared educational participation, progress and outcomes at baseline and follow up.

### **Educational provision**

Most (92 per cent) of the young people who were receiving educational provision at baseline in a mainstream school or a further education college were still doing so at follow up. There had been more movement for those in non-mainstream education (who had been attending special schools, pupil referral units or receiving tuition within their residential home), as just over a quarter of them had moved to a mainstream school or further education college. A further 15 per cent were no longer receiving any secondary or further educational provision, as shown in Table 12.5

**Table 12.5 Educational provision at baseline and follow up (n=57)**

<i>Follow up</i>	<i>Baseline</i>			<i>Total at follow up</i>
	Mainstream n (%)	Non-mainstream n (%)	No provision n (%)	
Mainstream	22 (92)	7 (26)	2 (33)	31 (54)
Non-mainstream	0	16 (59)	1 (17)	17 (30)
No provision	2 (8)	4 (15)	3 (50)	9 (16)

One young person who had had no educational provision at baseline was now in work, and three others now had education placements. However three still had no provision at follow up. Six of those previously in some form of education were without provision by follow up. A total of 16 per cent were therefore not in education, employment or training. There was little difference in patterns of educational provision between the different Groups of homes, although slightly fewer of the residents of Group 4 homes were in mainstream education (49 per cent compared with 60 per cent for the Pilot homes).

### **School attendance**

The pattern of school attendance was similar to that at baseline. Over half (58 per cent) were attending school regularly, although over a quarter of these were reported to sometimes leave the school premises without permission. Of the remaining 42 per cent just over two-thirds (16) did not attend regularly and around a third (6) refused to attend at all. The pattern was similar in both the Pilot homes and the comparisons.

### **School exclusion**

Just under a third (16) of those for whom relevant information was provided had been temporarily excluded during our follow-up period. A fifth (12) had been permanently excluded. The majority (9) of those previously excluded temporarily had continued to be



temporarily excluded, and one of them had been permanently excluded by follow up. Two-thirds (8) of those permanently excluded at baseline were reported to still be permanently excluded at follow up, suggesting that they were still out of mainstream schooling.

Most of those temporarily excluded during the follow-up period came from the comparison homes. They accounted for around a third (12) of the young people in those homes. Less than one in ten (four) of the young people in Pilot homes were reported to have been temporarily excluded but these are small numbers and could have arisen by chance.

### ***Progress, effort and attainment***

According to those completing the survey, the majority of those attending school or college were reported to be making progress: 37 per cent were making 'good progress' in some or most areas of their work and 43 per cent were making 'good progress' in a few areas. A quarter of those in formal education 'always tried to do their best' at school and nearly two-thirds were said to try to do their best at least sometimes, but one in ten were reported to do their best only rarely or not at all. There were no discernible differences in patterns of reported progress, effort and attempts to achieve in other ways between Pilot homes and comparison homes.

Although reports about progress and effort were positive in relation to many of the young people, attainment for those old enough to take public examinations was generally low. Despite some advances, this remains a continuing problem for the looked after population (Berridge *et al.*, 2008). Of the 34 young people old enough to have taken GCSE examinations, half did not sit the exams and three had sat GCSE exams but not passed any. Just two young people (six per cent) had obtained five GCSE passes at grades A-C. Both of these had entered care during adolescence, one of them at the age of 16 years, and were living in Group 3 homes. Another 12 (35 per cent) had 1-4 passes at grades A-G or a GNVQ. Some young people were following vocational rather than academic pathways, for example studying mechanical engineering or hairdressing at college, sometimes in combination with attendance at a pupil referral unit.

### **Other activities**

Two-thirds of the young people were also reported to try to achieve in other ways. Many of the residential staff who completed questionnaires indicated that had they tried to engage or support the young person's interest in a wide range of activities including various sports, drama, music, handicrafts and cooking and had encouraged some to join youth groups including army cadets. A few mentioned that one of the aims was to engage them in

constructive activities and offer opportunities for them to integrate with the local community, but in most cases they simply listed a range of activities rather than commenting on their aims in encouraging these activities. One of the four SPs who completed this questionnaire was more explicit about her approach to this work:

*Planning with (young person) on paper and preparing to build a wooden box, trying to instil self-confidence and self-forgiving through re-framing and positive working approach, being the advocate of the young person by putting ourselves in her shoes.*

## Family contact

Another way of assessing the contribution of a residential home concerns how it deals with birth family contact. We asked residential staff to rate the quality of the young people's contact with their families at both baseline and follow up. Nearly 90 per cent of the stayers had experienced face-to-face or telephone contact with their parents during the follow-up period, but this was reported to be 'mainly positive' in relation to just over a third of them, which was the same proportion as at baseline for the stayers group. For nearly one in ten of the stayers, contact with parents was reported to be mainly negative, as shown in Table 12.6. The proportion who had mainly positive contact with siblings during this period was slightly higher, at 42 per cent, as shown in Table 12.7.

**Table 12.6 Quality of family contact with parents (n=55)**

	<i>Group 1</i> (n=3) n (%)	<i>Group 2</i> (n=11) n (%)	<i>Group 3</i> (n=8) n (%)	<i>Comparison</i> (n=33) n (%)	<i>Total</i> (n=55) n (%)
Mainly positive	1 (33)	3(27)	5 (63)	11 (33)	20 (36)
Mixed	1 (33)	7 (64)	2 (25)	20 (61)	30 (55)
Mainly negative	1 (33)	1 (9)	1 (12)	2 (6)	5 (9)

**Table 12.7 Quality of contact with siblings (n=53)**

	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>Comparison</i>	<i>Total</i>
	(n=4)	(n=11)	(n=6)	(n=32)	(n=53)
	n (%)	n (%)	n (%)	n (%)	n (%)
Mainly positive	1 (25)	7 (64)	2 (33)	12 (38)	22 (42)
Mixed	3 (75)	3 (27)	4 (67)	19 (59)	29 (55)
Mainly negative	-	1 (9)	-	1 (3)	5 (9)

Six of the stayers had had no contact with parents during our follow-up period and, of those who had siblings, six had had no contact with these. Just one young person had no contact with either parents or siblings.

Numbers were too small to allow for the analysis of differences in the quality of contact between young people in Pilot and comparison homes. However, we asked whether the actions of residential staff had contributed to any improvement in the quality of family contact and received replies in relation to 54 young people. Residential workers were reported to have done so in over half (57 per cent) of these cases. We also asked residential staff to tell us whether they considered that the actions of SPs had contributed to any changes in the quality of contact with relatives during our follow-up period. However, only 17 of the stayers who had contact with parents were living in Pilot homes. The residential staff who completed our questionnaires considered that in only five of these cases had the actions of a SP contributed to a positive change in the quality of family contact, but numbers are clearly too small to allow us to generalise from this. Four SPs who completed these questionnaires (whose replies were excluded from the preceding analysis) described the nature of their work with the young people's families. One had tried to encourage a young person to understand and change the nature of her relationship with her mother and had also tried to train colleagues. Another had persuaded a child's social worker to reconsider the issue of contact.

*Relationship child/mother can be classified as 'parentification'. Child got support in understanding a 'normal' relationship of mother/daughter. Support to be more assertive, express own feelings/needs and ignore mother's. Social pedagogues raised awareness about 'parentification' in a psychological context, its effect and outcomes and how to act in such a case.*

*We offered to supervise family contact with brothers and it was agreed with social worker. Attended contact meetings and suggested arrangements for benefit of young person and family. Encouraged social worker in meeting to give a go on*

*new arrangements and revisit them within certain time periods instead of saying 'no' from start. Reflect with young person on issues around family relationship with mother/siblings.*

In two other cases SPs noted that they had been working jointly with colleagues to improve the quality of family contact. For example, one reported:

*As a staff team we promote spending quality time with his family. During numerous conversations with the young person we encourage him to put himself in his mother's shoes e.g. to help him to understand certain reactions better. We try to develop coping strategies with and for the young person in relation to how he can manage in, for him, difficult situations.*

In all of the above cases, SPs were encouraging young people, colleagues or social workers and sometimes relatives to reflect on their actions and on the nature of relationships.

However one residential worker disagreed with the SP's approach to family contact, noting that:

*(The SP) supported her parent more than her at a stage where it damaged trusting relationships with her. The priority was to help her feel safe - she did not want contact and they invited her mother into the home and offered her support.*

### **Young people's subjective perceptions of well-being**

We assessed the young people's subjective perceptions of well-being by asking them, at both baseline and follow up, to indicate on a picture of a ten-rung ladder how well they felt their life was going in general. This was a standardised instrument used to measure subjective well-being, Cantril's ladder (Huxley *et al.*, 2001). The top of the ladder was labelled 'Things couldn't be better' and the bottom of it was labelled 'Things couldn't be worse'. The ladders were completed at both points in time by only 36 young people, 11 of them in Pilot homes and 25 in comparison homes. (Residential staff informed us that they had found it difficult to encourage young people to complete this short task. Obviously it was voluntary.) At both baseline and follow up there was no significant difference between the mean scores for young people in the four groups of homes.

We then compared the change in their score on this ladder between baseline and follow up. The difference in the extent of change between those in the Pilot homes and those in comparison homes was very small (less than one point) and was not statistically significant.<sup>29</sup>

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<sup>29</sup> Wilcoxon Signed Ranks test not significant  $p=.956$ .

The young people also indicated on similar ladders, adapted from Cantril's ladder, how well they felt things were going in relation to school, friends, how they got on with their families, staying out of trouble and interests and hobbies. Again there were no significant differences in the ratings made by young people in the Pilot and comparison homes.

## The leavers

### *Where did they go?*

Over a third of the leavers had returned to their parents by follow up and over a quarter had moved to semi-independent or independent accommodation. The remainder had moved to a variety of other looked after placements, as shown in Table 12.8.

**Table 12.8 Destinations of leavers (n=43)**

	<i>n (%)</i>
Residential unit (local authority)	6 (14)
Residential unit (private or voluntary sector)	4 (9)
Foster placement	5 (11)
Semi-independent/independent accommodation	12 (27)
Returned home	16 (37)

Four-fifths of those who returned home were age 16 years or over and the majority (85 per cent) had been looked after for a relatively short time. A third had been looked after for less than a year and two-thirds for less than two years. Nearly 70 per cent of those who moved to new residential placements were age 16 years or over at follow up, whereas all those who moved to foster placements were 13-14 years-old.

Most of those who had moved to new placements came from Group 3 and comparison homes. Just over a third (35 per cent) of the young people who left Group 3 homes and 31 per cent of those leaving comparison homes had moved to new residential or foster placements. Independent or semi-independent accommodation was the most common destination for young people from Group 2 (57 per cent of leavers) and Group 3 (41 per cent) homes, whereas returning home was the most common destination for those in comparison homes (56 per cent of leavers). However, these differences in patterns for residents from the different Groups of homes were not statistically significant.

### ***Why did the leavers move on?***

For two-thirds of the leavers (29) the placement ending had been planned, but a third (14) had moved on due to a placement disruption. The likelihood of placement disruption was not significantly associated with whether or not the young people were in a Pilot home. Nor was it associated with how long young people had been looked after and the duration of the placement. Where placement endings were planned, nearly two-thirds (18) had moved on because this was a time-limited placement which was planned to end and over a quarter (8) went because they had left care at the age of 16 or over.

For half (seven) of those whose placements disrupted, the placement had broken down due to their aggressive or violent behaviour. In five of these cases the young person had been moved following a violent assault on another young person or a staff member. In all of these cases, and also in one other where the young person was charged with criminal damage, the police had been called. In most cases staff had been trying to deal with the young person's threatening or violent behaviour for some time, as two workers explained:

*The young person was involved in several physical fights before leaving. Placement ended after the young person assaulted another young person and was arrested.*

*His challenging behaviour couldn't be effectively managed. It escalated to a point where he physically assaulted the unit manager - police intervention and placement ended in unplanned manner.*

These placements had ended due to concerns about the safety and well-being of other residents and staff:

*Involved in high levels of bullying within the unit. Facing an increasing number of charges in relation to bullying and criminal damage. Needed to split the group as he was having a very negative influence on more vulnerable residents.*

*Due to his aggressive and violent behaviour (threatening and pushing staff almost on a daily base) he could no longer live here. His negative behaviour disrupted the whole group and he intimidated/insulted/offended the other young people to his liking. He did not respond in a sociable, acceptable way when the staff tried to speak to him about his behaviour. He put the staff and the young people at risk and therefore had to leave*

In two other cases of placement disruption, the young person had decided to return home or live independently.

Among those whose placement ending had been planned, seven young people, (about a quarter of those with planned placement endings) returned to live with parents and six moved to independent accommodation. Another seven made planned moves to new foster or residential placements following a period of assessment or, in one case, planned work in preparation for a move to a foster placement.

Residential staff reported that half of those with planned placement endings had wanted to move on but 29 per cent wanted to stay in their current placement. They thought that just over a third of those whose placements disrupted had wanted to leave the placement, but that the same proportion had wanted to stay where they were. No information was provided on whether the remaining young people had wanted to stay or leave

## **Conclusion**

We were able to follow up outcomes for 62 young people who had remained in the homes just under seven months, on average, after our baseline survey. We found no significant differences in behavioural, emotional or education outcomes or in the quality of family contact between residents of the Pilot homes and the comparison homes, nor in patterns of change between baseline and follow up. It is possible that the lack of observable differences in outcomes for young people in the different groups may be due to the small numbers in each group at follow up, as this small overall sample size from the 26 homes would make detection of any statistically significant difference more difficult. However, our descriptive data shows that in most respects there was little visible difference in the proportion of residents with different outcomes at our point of follow up, which suggests that there was indeed no difference between the groups. The timetable for this evaluation allowed for only a seven month follow up, which is a short follow-up period for an intervention that is intended to bring about a cultural change in a service. It is therefore possible that differences in outcomes for young people might potentially be observed over a longer period.

## **Summary points**

- At follow up, 66 of the 114 young people who were living in the homes at baseline were still resident and 48 had moved on.
- Two-thirds of the residents of the Group 3 homes had left at follow up; this was a much higher proportion than young people from the other study groups. This reflects the short-term purpose of the placements for many of the young people in Group 3 homes.
- Overall, during the follow-up period, there had been little change in general behaviour problems, aggression and violence, risk behaviours (including going missing and

substance misuse) and self-harm. There was no difference in the likelihood that young people in any of the four Groups of homes would continue or cease the behaviours that had been reported to us at baseline.

- In terms of progress in education, there was no difference in patterns of progress, participation or outcomes between young people in the four Groups of homes.
- Overall, most of those attending school were reported to be making progress and a quarter of those previously attending special schools, pupil referral units or receiving home tuition had moved to mainstream education placements. Patterns of school attendance and school exclusion showed little change by follow up.
- There were no significant differences between the four Groups of homes in young people's subjective perceptions of well-being at baseline and follow-up, and no differences in the extent of change over time.



### 13. Aggregate data on outcomes for young people

The last chapter presented data on the outcomes for the young people included in our survey. In this chapter we investigate outcomes for a much larger group of young people, comprising all of those who lived in the homes during the course of an 18-month period. As before, we explore whether there were any differences in outcomes between the social pedagogy Pilot homes and the comparison homes. We also examine whether the appointment of SPs was linked to any positive changes in group-level outcomes for the Pilot homes in the first 12 months after they began working in the homes. Of course, if their appointment coincided with changes in outcomes, we cannot imply a causal connection and it could be due to other factors. Nonetheless, it would be an encouraging sign. We therefore asked the heads of homes to provide us with information on the number of residents during three designated 6-month periods as follows:

- *Period 1*: six months before the first SP began working at the home.
- *Period 2*: six months after the first SP entered the home.
- *Period 3*: the subsequent six months.

For the comparison group of homes, this information was requested for three 6-month periods similar to those for the homes with SPs in the same local area. We did not collect this data from the three short-breaks/education units as their different role meant that these questions were inappropriate for them.

We asked the heads of homes to tell us the number of young people who:

- had a planned move to a new placement;
- had an unplanned move to a new placement;
- were temporarily or permanently excluded from school;
- went missing overnight;
- were reported to police for a recorded offence.

We were able to collect aggregate data on the above issues from 23 homes at Time 1 and Time 2 and from 25 homes at Time 3. Table 13.1 shows the number of homes in each group which returned questionnaires for one or more of the designated periods.

**Table 13.1 Number of homes returning aggregate data by group**

<i>Study group</i>	<i>Number of homes</i>
Group 1	1
Group 2	7
Group 3	6
Comparison	11
Total	25

Only one home in Group 1 returned aggregate data to us. This information was not requested from one other Group 1 home because it was a short-breaks unit. The third Group 1 home did not return these data because the first SP had been employed so long ago that it would be difficult for staff to retrieve these data, which in any case would be less comparable. All figures for Group 1 given below therefore refer to a single home. A few homes returned information for only one or two periods, for example because they had only recently opened or because the unit had moved to new premises and older records were no longer accessible. Most, however, provided data covering all three periods. The number of residents living in each home during the course of each six-month period ranged from three to 18, as shown in Table 13.2.

**Table 13.2 Number of residents in each time period by group**

<i>Time period</i>	<i>Group 1</i> (n=1)	<i>Group 2</i> (n=6)	<i>Group 3</i> (n=6)	<i>All Pilot homes</i> (n=13)	<i>Comparison homes</i> (n=10)
<b>Period 1</b>	<b>3</b>	<b>45</b>	<b>53</b>	<b>101</b>	<b>85</b>
<i>Range</i>	3	4-11	3-16	3-16	4-18

  

<i>Time period</i>	<i>Group 1</i> (n=1)	<i>Group 2</i> (n=7)	<i>Group 3</i> (n=5)	<i>All Pilot homes</i> (n=13)	<i>Comparison homes</i> (n=10)
<b>Period 2</b>	<b>3</b>	<b>52</b>	<b>50</b>	<b>105</b>	<b>85</b>
<i>Range</i>	3	2-18	8-16	3-16	4-18

  

<i>Time period</i>	<i>Group 1</i> (n=1)	<i>Group 2</i> (n=7)	<i>Group 3</i> (n=6)	<i>All Pilot homes</i> (n=14)	<i>Comparison homes</i> (n=11)
<b>Period 3</b>	<b>4</b>	<b>50</b>	<b>59</b>	<b>113</b>	<b>96</b>
<i>Range</i>	4	3-12	3-18	3-18	6-12

In Chapters 4 and 12 we presented data on patterns of placement disruption, school exclusion, going missing and involvement in the criminal justice system for the *individual* residents in our survey sample. Findings from our analysis of *aggregate* data from the homes may differ somewhat from the findings from our survey. This is because of the different nature of the samples used for the two sets of calculations. Our survey sample was a cross-sectional sample of young people living in the homes at a single point in time (the ‘stock’ of young people in the homes on a single date), whereas the aggregate data refers to all residents who spent any time in the homes during a six-month period (the ‘flow’ of young people over this period). These aggregate data can more accurately represent patterns for a home as they include information on all young people passing through that home in a given period, including those who stayed only briefly (who would have less chance of being represented in a cross-sectional survey).

### Planned and unplanned moves

There was a high degree of movement of residents into and out of the homes. Most moves were said to be planned, as our survey also showed. Table 13.3 shows that in most Groups of homes, between a quarter and just under half of residents made planned moves from the homes during most of the periods investigated. The proportion of residents who moved has been calculated as a percentage of all residents in each group of homes during a given period and is shown in brackets.

**Table 13.3 Residents who made planned moves**

<i>Time period</i>	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>All Pilot homes</i>	<i>Comparison homes</i>
n (% of all residents)					
<b>Period 1</b>	0	24 (53)	17 (32)	41 (41)	39 (46)
<b>Period 2</b>	2 (67)	14 (27)	21 (42)	37 (35)	26 (31)
<b>Period 3</b>	3 (75)	20 (40)	29 (49)	52 (46)	26 (27)

These young people either moved to new placements, returned home or moved to live independently. In addition, a smaller proportion of young people moved because their placements disrupted, as shown in Table 13.4.

**Table 13.4 Residents whose placements disrupted**

<i>Time period</i>	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>All Pilot homes</i>	<i>Comparison homes</i>
n (% of all residents)					
<b>Period 1</b>	0	5 (11)	17 (32)	22 (22)	17 (20)
<b>Period 2</b>	0	5 (1)	11 (22)	16 (15)	13 (15)
<b>Period 3</b>	0	1 (2)	11 (19)	12 (11)	15 (16)

There were no significant differences in the proportions whose placements disrupted between the Pilot and comparison groups during any of the three six-month periods. However, between Period 1 and Period 3 there was a significant decrease in the proportion of young people who went missing overnight from the Pilot homes.<sup>30</sup>

Taking planned and unplanned moves together, we can see that between 43 per cent and 66 per cent of residents either moved to new placements or left care during each six-month period. In view of this turnover, the findings which follow often refer to substantially different groups of children living in the homes in each six-month period. It is therefore difficult to know whether possible changes in group-level outcomes, for example going missing, are due to changes in the operation of the homes as a result of the Pilot or to changes in the population of young people living in the homes during each period.

## **Exclusion from school**

### ***Temporary exclusion***

Young people in six of the Pilot homes and nine of the comparison homes were reported to have been temporarily excluded from school during at least one of the three periods investigated. As Table 13.5 shows, during all three periods a significantly higher proportion of young people in the comparison homes were temporarily excluded than in the Pilot homes.<sup>31</sup>

<sup>30</sup> Wilcoxon Signed Rank test significant at  $p=.017$  for the change between Periods 1 and 3. The difference between Periods 1-2 and Periods 2-3 were not significant.

<sup>31</sup> Mann-Whitney U test significant at  $p=.029$  for Period 1,  $P=.035$  for Period 2 and  $p=.005$  for Period 3.

**Table 13.5 Residents temporarily excluded from school**

<i>Time period</i>	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>All Pilot homes</i>	<i>Comparison homes</i>
n (% of all residents)					
<b>Period 1</b>	0	6 (13)	5 (9)	11 (11)	24 (28)
<b>Period 2</b>	0	10 (19)	3 (6)	13 (12)	22 (26)
<b>Period 3</b>	1 (25)	3 (6)	3 (5)	7 (6)	24 (25)

Although a smaller proportion of young people in the Pilot homes were excluded from school during Period 3 compared to Period 1, this difference in percentages between the two periods was not statistically significant. However, given the small numbers it would be difficult to detect a significant difference in these rates of exclusion even if one did exist.

Data on our survey sample showed that around a third of the young people in both the Pilot and the comparison groups had received a fixed-term exclusion during the six months preceding both our baseline and follow-up surveys. In the light of this, some of the figures in the above table appear rather low, suggesting that there might possibly have been some under-reporting on this issue (perhaps due to procedures for recording school exclusion within the homes). Definitions of 'exclusion' vary and 'informal' exclusions may occur (Brodie, 2001).

### ***Permanent exclusion***

Young people in four of the Pilot homes and one of the comparison homes were reported to have been permanently excluded from school during at least one of the three periods investigated. There was virtually no variation in the proportion excluded between the three time-periods and no difference between the Pilot homes and comparison homes, as shown in Table 13.6.

**Table 13.6 Residents permanently excluded from school**

<i>Time period</i>	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>All Pilot homes</i>	<i>Comparison homes</i>
n (% of all residents)					
<b>Period 1</b>	1 (33)	6 (13)	5 (9)	12 (12)	10 (12)
<b>Period 2</b>	1 (33)	7 (13)	5 (10)	13 (12)	10 (12)
<b>Period 3</b>	1 (25)	7 (14)	5 (8)	13 (12)	11 (11)

### Going missing overnight

During the six months prior to the arrival of the SPs, young people went missing overnight on at least one occasion from all of the comparison homes and from all but one of the Pilot homes. During that period and the one that followed, there was little difference between the Pilot homes and the comparison homes in the percentage of young people who went missing overnight, as shown in Table 13.7.

**Table 13.7 Residents missing overnight**

<i>Time period</i>	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>All Pilot homes</i>	<i>Comparison homes</i>
n (% of all residents)					
<b>Period 1</b>	2 (67)	19 (42)	35 (66)	56 (55)	53 (62)
<b>Period 2</b>	1 (33)	20 (28)	27 (54)	48 (46)	47 (55)
<b>Period 3</b>	2 (50)	17 (34)	15 (25)	34 (30)	52 (54)

Although the proportion of residents of the Pilot homes who went missing during Period 3 was lower than in the comparison homes, this difference was not significant. Similarly, the decrease in the proportions going missing from the Pilot homes between Periods 1-2, 2-3 and overall during Periods 1-3 was not significant either.

Three homes reported no missing residents during two of the periods investigated and three others reported particularly high numbers of residents absent overnight, suggesting that patterns of going missing may have been linked to the culture of certain homes (for example the peer culture or the staff approach). Research on going missing has shown that patterns of absence from care placements are associated both with the quality and culture of the placement and with the young person's own biography, for example, whether they have previously run away from home or other placements (Biehal and Wade, 2000).

### Involvement in the criminal justice system

Young people from six of the Pilot homes and eight of the comparison homes were reported to the police for an offence during one or more of the designated periods. A higher proportion of young people living in the comparison homes were reported compared with those in the Pilot homes, as shown in Table 13.8.

**Table 13.8 Residents reported to police**

<i>Time period</i>	<i>Group 1</i>	<i>Group 2</i>	<i>Group 3</i>	<i>All Pilot homes</i>	<i>Comparison homes</i>
n (% of all residents)					
<b>Period 1</b>	0	4 (9)	17 (32)	21 (21)	40 (47)
<b>Period 2</b>	0	4 (8)	15 (30)	19 (18)	33 (39)
<b>Period 3</b>	0	5 (10)	12 (20)	17 (15)	39 (41)

Although the proportions reported to the police were higher for the comparison group in all three time-periods, these differences between the comparison and Pilot groups of homes were not statistically significant. Nor were the small changes in the proportions reported to the police between the three periods significant either.

In nine of the homes, no young people were reported to the police over an 18-month period. This suggests that the risk of involvement in criminal behaviour might have been related to the particular population of residents in certain homes, their potentially negative influence on other residents (for example, if they had a history of offending) and to the broader culture within each home including local policies towards 'criminalisation', as previous research has found (Wade *et al.*, 1998; Sinclair and Gibbs, 1998).

For some years there has been government concern about the high proportion of looked after children involved in offending, relative to the wider population of 10-17 year olds. National statistics show that in 2010, 7.9 per cent of looked after children age ten or over received a conviction, reprimand or final warning during the course of a year, compared with three per cent of young people in the wider population (Department for Education, 2010b). Our figures are substantially higher than this, as they range from 15-47 per cent of children looked after during a six-month period. However, the national statistics refer only to young people continuously looked after for one year or more, whereas only 40 per cent of our survey sample had been looked after for 12 months or more (see Chapter 4). The findings

of our baseline survey therefore suggest that relatively few residents of the homes were likely to have been looked after for this length of time, so they are not strictly comparable to the national sample. Also, due to the necessarily short duration of our follow-up periods we asked whether young people had been *reported* to the police for an offence, not whether they had already received a disposal, so we were not measuring exactly the same thing. Perhaps one of the most important explanations for the difference between our figures and national statistics is that all of our sample were living in residential care and, as mentioned earlier in this report, today residence is used principally for young people posing serious behaviour problems - a group that is likely to include a higher proportion at risk of committing an offence than young people in other types of placements. Indeed, some may also find themselves living in residential care as a result of their offending.

## Conclusion

Aggregate data were collected on all young people living in the homes during three designated six-month periods, ranging from the six-month period before SPs began working in each home to 12 months after they joined the homes. This information revealed that there was a high degree of movement into and out of the homes within each of these periods. Most departures were reported to be planned moves. Given the turnover of residents, it is difficult to be sure whether any differences in patterns for outcomes for the Pilot homes after the arrival of the SPs can confidently be ascribed to the Pilot or are due to changes in the population of young people in the homes.

Young people in the Pilot homes were less likely to be temporarily excluded from school than those in comparison homes, but since this was the case even before the arrival of the SPs we cannot ascribe this group difference to the introduction of social pedagogy. However, there was a significant decrease in the proportion of residents of the Pilot homes whose placement disrupted during the 12 months after the first SP was employed in each home.

## Summary

- There was considerable turnover in the population of residents of the homes, with 43-66 per cent of residents making (planned or unplanned) moves during each of the three study periods. It is therefore difficult to be sure whether any changes over time were due to the introduction of social pedagogy or to the substantial changes in the population of the homes.



- The only significant change in outcomes over time occurred in relation to placement disruption, which decreased significantly from the rate during the six months before the SPs joined to homes to the rate one year after the first SP was employed in each home.
- With the exception of rates of temporary exclusion from school, there were no significant differences in outcomes between the Pilot and comparison homes.
- Involvement of residents in the criminal justice system and exclusion from school occurred in some, but not all, of the homes. This may be due to differences in the population, or the peer or staff cultures, of these homes or a mixture of these.

## 14. Conclusion

We end this report by summarising what we did and pulling together our main findings and conclusions. Residential care for young people in England plays an important role for a troubled and troublesome group and we need to consider if services could be better organised and delivered to maximise children's welfare. The UK is unusual compared with continental Europe in not using social pedagogy as a framework for social policy for children living in residential care. Government was interested in raising standards and improving outcomes for this group of young people and, therefore, launched a two-year Pilot for which this report is the evaluation (DCSF, 2007).

This initiative takes place against a backdrop of long-term concern and decline of children's residential care in England (Gooch, 1996). The social history of children's residential care in England has left the legacy of a stigmatised service. Its under-professionalisation has been a longstanding feature and the need for proper staff training was highlighted with the demise of the workhouse. There were frequent debates in the 1970s and '80s about whether or not residential care was part of social work. Various attempts were made to raise the profile and status of residential child care, which were met with resistance from the social work profession and government indifference (Kahan, 1994). Progress was held back by the prohibitive costs of the service, which was also contaminated for over a generation by the infiltration of paedophiles gaining access to vulnerable children.

The current Pilot is to be welcomed as a responsible social experiment, in effect, which we have carefully evaluated. The Thomas Coram Research Unit (TCRU) was funded to test social pedagogy in the English context. Thirty homes were included in the evaluation, divided into four groups to examine different methods of implementation. These comprised sites where social pedagogues (SPs) had been working prior to the Pilot; those in which SPs worked as residential workers in a single home; a third group in which SPs worked in a home coupled with a broader outreach role; and some comparison homes against which the social pedagogy homes could be contrasted.

To summarise this evaluation, survey information was gathered from all 30 homes, including young people's characteristics, experiences and progress. This occurred initially and was followed up several months later. We also carefully selected a smaller group of 12 for more intensive study, comprising nine homes which employed SPs and three comparison homes

which did not. In these we interviewed heads of homes, SPs, staff and young people and also undertook three-day visits as observer participants to get a fuller picture of what life was like. Three of the 30 homes functioned as short-breaks/education unit for disabled children and their families, for which our research methods were adapted. Interviews also occurred with samples of social workers with links to the homes as well as external senior managers. Our specific research objectives (see pg 14), in short, were to describe and compare the different methods of implementing social pedagogy; compare the respective quality of care and outcomes; gather young people's, SPs and staff views; and consider the implications for the future development of social pedagogy and residential care in England.

Our research inevitably had certain restrictions and it is important that these are explicit so that our findings and conclusions can be properly judged. The work progressed well and we had much assistance but obtaining information from residential homes, social workers and adolescents was unlikely to be straightforward. Any one would lead to problems let alone all three. We are conscious that the sample of homes may not be more broadly representative, as the 18 homes with SPs were selected by the organisers of the Pilot rather than the evaluation team: social policy research shows that volunteers for government Pilots tend to be from among the more confident (Brodkin and Kaufman, 2000). An alternative argument is that it makes sense to test new ideas in optimum circumstances. Our sample may also include fewer homes provided by the private and voluntary sector than is the case nationally. Our sample size of young people is not large, especially when broken down into sub-groups. We studied the whole group of 30 homes in the Pilot and managed to achieve remarkably little attrition but residential units nowadays in England are small (few in this study had more than seven places) and planned length of stay is often brief. Consequently we were able to include 114 residents in our baseline survey (who accounted for 88 per cent of all residents at that time), of whom 66 were still there when we conducted our follow-up survey seven months later, on average. This follow-up period was also not as long as we would have liked (although even more by then would have departed) but the maximum that time permitted. The characteristics of sub-groups varied, making it difficult to compare 'like with like'.<sup>32</sup>

Residential workers found it difficult to engage young people in completing the information on subjective well-being, symptomatic of the broader problem. We would also have liked to have investigated the short-breaks/education units in greater depth. However, our data sources were planned to be complementary ('triangulation') and we could contrast one with

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<sup>32</sup> The survey excluded the short-breaks visitors.

another. In all of this, of course, we cannot assume that if changes did or did not occur that this was necessarily down to the presence of the SPs or other factors and we need to be cautious.

### **The implementation of social pedagogy**

One of our main research objectives was to describe the implementation of social pedagogy in the Pilot homes and to draw comparisons between the three approaches. The results of the Pilot are likely to depend on what exactly was implemented, by whom and how. The Pilot was not a programme 'intervention', for example with a written manual, standardised procedure and where programme fidelity is paramount. Instead, the introduction of social pedagogy in the Pilot was more flexible and different methods will have had advantages and disadvantages. We have noted that social pedagogy means different things across Europe and individual SPs will have had different emphases. Having said that, there are common principles and the cogent point was made that social pedagogy is grounded in an overarching philosophy with a particular view of children and childhood in society.

We noted that services for looked after children in England, including residential care, are often contrasted (unfavourably) with those in Scandinavian countries, especially Denmark (DCSF, 2007). It transpired that most SPs in the Pilot were actually German with none from Denmark. Of course depending on their effectiveness, this may not be relevant. SPs were mainly young women in their late 20s/early 30s. They were much better professionally qualified than their English co-workers but had limited residential experience.

From our interviews with external senior managers, heads of homes and SPs themselves, there was a general view that the initial stages of the Pilot were handled well and the SPs' induction had been facilitated. Most SPs moved from abroad specifically for the initiative and this brings with it a whole set of personal, social and practical challenges, let alone starting a new job where expectations are high and individuals are under external scrutiny. Young people could be suspicious and testing, as with any new staff, but this was usually overcome. Other residential staff were mainly welcoming but could be wary and defensive. SPs themselves felt well supported by heads of homes. Social workers with close links with the homes that we interviewed usually knew little about social pedagogy or that the Pilot was being undertaken.

As time progressed, external managers and heads of homes formed a view that the skill levels of SPs were mixed and some made a stronger contribution than others. A few SPs were unsuited to the job. Their involvement was clearly not a panacea, nor would one expect it to have been. Managers and heads of homes judged that the residential population in England is much more challenging than that typically found in SPs' own countries, although SPs themselves seemed unsurprised by the residents they encountered.

Interestingly, only two of the nine homes visited with SPs (one each in Groups 1 and 3) indicated that they had fully adopted social pedagogy as an overarching principle in their approach to child care. This is less than might have been anticipated. Group 3 SPs had a different role to others, with a broader outreach function, but apart from this the role of SPs in homes was very similar to that undertaken by the rest of the staff group. There were some differences in professional approach, as we see below, but the daily expectations of what were to be done were mainly the same. There was little open discussion of social pedagogy while we were present, including when young people were absent. We would expect there to have been more conversation in homes about social pedagogy, even if triggered by our presence.

Overall, it was encouraging to find that most managers, heads of homes and SPs alike felt that residential practices had benefitted from SPs' presence. It had fitted-in with local and agency policies and they considered that standards of care had improved. The introduction of social pedagogy had stimulated discussions in homes about residential approaches. Residential staff were envious of SPs' higher status and professionalism.

It emerged that there was dissatisfaction from many SPs about their involvement in the Pilot and the contribution they were expecting and able to make. Eleven of the 30 SPs left the Pilot prematurely. The reasons for this included individual difficulties; problems with the implementation of the Pilot itself; and tensions about working pedagogically in an English context. Just one of the 30 homes had severe problems and was excluded from the Pilot. Including this, there were two general reasons for leaving given by the SPs: disagreements and difficulties with managers, and problems with their role.

Many SPs felt that their exact role was ill-defined and that it was unclear to them what they were expected to do. Some were inexperienced and found this very stressful. There was criticism from agencies, homes and SPs that expectations from the Pilot needed to have been more clearly identified. Support from TCRU was welcomed but SPs wanted more of it

as well as a stronger lead. On the one hand, introducing external elements can act as a catalyst and one SP described their mission as 'spreading magic dust'. On the other, introducing two young, often inexperienced, German workers into residential homes and expecting transformation to occur could be seen as rather optimistic. It was slightly easier for the Group 3 SPs, who were more experienced and had some legitimacy in their awareness-raising function. However this group were not managers, nor had they delegated powers over others, depending on seniority and status. These tensions were even more pronounced for Group 2 SPs, usually more junior and working entirely alongside colleagues on shifts. Staff teams could be mistrustful with the implicit, if not more strongly expressed, perception that their existing contribution is ineffective. Staff could be critical of SPs' specific lack of *residential* experience, feeling that group care of some of the most difficult young people in the country has particular dynamics and rhythms. These staff perceptions may or may not be justified but they were strongly held and sometimes put visiting SPs in an invidious position.

The SPs were also rather taken aback by the role of the residential worker in England. They had a range of professional qualifications, the majority of them graduates, and some were also equipped to be employed as social workers in their own country, or to work with other user groups as well in a range of other responsible roles. In contrast, in children's residential care, their English equivalents have low status and little influence. Their professional input is marginalised and they lack autonomy. They usually refer on to experts rather than take control of issues themselves. English homes have fewer residents than elsewhere but with many more staff, who work in a hierarchical setting. England has little residential care and a heterogeneous mix. Young people tend not to stay for long. Our child care system is over-bureaucratic and risk-averse. History and policy have created this set of circumstances or not altered them. It is unsurprising that our continental visitors often felt bemused and deskilled.

### **Raising the bar? Outcomes and quality of care**

It is impossible to tell whether approaching the Pilot differently would have produced changed results. Nevertheless, we tracked the circumstances of young people living in the sample of 30 homes and looked more closely at the processes of a dozen homes to help understand and explain the different patterns. Measuring outcomes for young people is a complex issue. We measured outcomes in a variety of ways, building on our previous work (Berridge *et al.*, 2008; Biehal and Wade, 2000). This included some standardised measures as well as quantitative and qualitative assessments of: behavioural and emotional factors;

violent behaviour; delinquency; risk behaviour and self-harm; going missing; educational involvement and attainment; and family contact.

Given the caveats mentioned earlier, there were no significant differences in outcomes between homes in Groups 1-3 and Group 4, or between the four groups individually. In other words, Pilot homes which employed SPs made no more progress with residents' well-being than did those without. One-third of those who had moved by follow up did so due to placement disruption, which was invariably triggered by their difficult behaviour. However the majority of those who moved on had simply aged-out of care, either returning home or moving to live independently, or had made a planned move from a short-term to a longer-term placement. There was no evidence that these moves were any more or less likely in homes with SPs. A similar picture emerged when we looked at aggregate data from homes in three, six-month periods prior to and after the arrival of the SPs. This was complicated by the rapidly changing groups of residents, making controlled comparison difficult. However, homes which employed SPs made no more overall progress over time than did comparison homes.

Even within the constraints of this exercise, it is disappointing that homes - with or without SPs - were not making marked progress with groups of residents but we should not rush to judgement. We have seen that homes accommodate very problematic youngsters, mainly for planned, brief periods. They usually arrive at a late stage with problems entrenched. There is restricted time to influence these established patterns and to develop positive influence. Homes are open environments, mostly close to family, friends and communities, all of which exert influence alongside what the residential home has to offer. The residential peer group may exert as much, if not more, influence than staff (Barter *et al.*, 2004; Sinclair and Gibbs, 1998; Wade *et al.*, 1998), a drawback of residential care. It was Heath and colleagues (1995) who pointed out the 'exceptional' effort that needs to be demonstrated for looked after children to achieve their potential: 'Average inputs are not enough for children with above-average (educational) needs' (pp. 241, 258). This 'exceptional' effort is required of both the professionals directly involved with these young people and the system within which they operate.

Though major problems may be difficult to eradicate in the short-term, do homes nevertheless offer young people caring relationships, professional guidance and social boundaries, which might previously have been absent for some young people? Indeed, one of the aims of the research was to examine the extent to which homes already display

elements of a social pedagogic approach. The first word on this should probably go to young people themselves, who were well-placed to judge what homes offered them. Residents offered mixed views on the homes we visited: some sensed they were well-cared for but in others they felt bored and unnoticed. Overall though they said they were mostly happy and could draw on staff support when required. These qualities did not appear to be related to whether homes employed SPs or not, although we need to bear in mind that there were only three homes in each of the four groups. Also, a few young people did speak of the special quality of their relationships with certain SPs, who they considered to be particularly responsive to them.

During our observer participation visits to homes we were impressed with the efforts that most homes were making; even if, apparently, it did not translate directly into improved, measurable outcomes. In several respects there were no major differences between homes with SPs and those without. For example, most homes were well-presented and comfortable. Staff morale was generally positive. Homes where SPs were present were not noticeably more educationally-focused. Though there were anxieties and uncertainty, there was no difference overall in degrees of risk aversion. However, SPs were sometimes more physically demonstrative. In contrast, compared with others, Group 2 and 3 SP homes were slightly *less* proactive towards family contact and involvement. Given that staff expressed concerns about the negative effects of contact on many of the young people, greater caution may have been sensible.

There was some qualitative evidence from our observations of differences between groups of homes, although we reiterate that there were only three in each sub-group. In about half the homes visited, SPs were observed to operate differently in certain ways to other staff. Differences were clearer with the three *Group 3 homes*. These appeared more child-centred in their approach; staff spent less time on record-keeping; they more consistently addressed anti-social behaviour; and had stronger inter-professional links. Group 2 homes did not share these features.

We need to add a strong note of caution in that these results could be attributable to other features of the Group 3 homes and the contributions of their SPs were not always trouble-free. On the other hand, Group 3 homes' intake apparently was not less problematic, and senior managers did not rank them more highly than others prior to the Pilot. We noted that some Group 3 SPs were very well-qualified and experienced – possibly eligible for head of home or deputy- appointments in this country. It is possible that the success of some Group



3 homes was more likely to relate to the specific skills and attributes of these senior SPs and, very importantly, homes that recognised these features and were prepared to take them on, than the effects of the Group 3 model *per se*. A body of child welfare research in England has concluded that, while working methods are important, quality of care and outcomes for children are more likely to be related to leadership and staffing quality rather than organisational features (Sinclair and Gibbs, 2008; Stein, 2009; Berridge *et al.*, 2008). Indeed, Sinclair and Gibbs' major study of children's residential homes found that levels of staff training were unrelated to homes' effectiveness. However, his finding on training might be due to the nature and quality of the training provided, given that (in our own study) the highest qualification held by nearly three-quarters of the staff was an NVQ Level 3. This is not to say that training is unimportant; rather it may not be the key or sole variable in developing the service. It may have been interesting to see suitably experienced, senior SPs appointed as, say, deputies or joint-heads of homes in England. The specialist skills would then have been combined with the power of authority and management.

Three of the 30 homes in the evaluation functioned as short-breaks/education units for disabled children and their families – one in Group 1, one in Group 2 and one in Group 4. The former was in our Intensive Sample, receiving a three-day visit. The situation for (often younger) disabled children in need living with families and visiting homes for brief periods is clearly different to that for adolescents in care who are permanently resident. It is an important form of family support, although is increasingly provided in other households rather than residential settings (Tarleton and Macaulay, 2002). We did not monitor the progress of visitors to the short breaks units, which would not have been appropriate and was not, therefore, included in our research objectives. We describe the one unit visited in Chapter 11 but it would be misleading to generalise from this one example.

One of us has written elsewhere (Berridge and Brodie, 1998) how this approach to residential care for disabled children, which we termed 'An enhanced, integrated model' (*ibid.*, p 168), is very different from other forms. It is higher status work, crosses the social spectrum and stigma issues are different. It is expert-led with good multi-agency planning and professional consistency. There are high levels of staff-child interaction and a clear sense of purpose. It is interesting to consider why the disabled and non-disabled groups are approached differently and this distinction may be different in other countries. The application of social pedagogy to work with disabled children and their families in England merits separate study, beyond what has been possible here. Interestingly, due to the

different social context and purpose of this service, and the fact that perceived shortcomings seem to be fewer, perhaps social pedagogy is not felt to be required in the same way.

### **Residential child care and social pedagogy in England**

The likely effectiveness of the social pedagogy Pilot was influenced by factors operating at several levels. A main assumption could be that there is something intrinsically beneficial about social pedagogy as an overall philosophy and professional approach to working with troubled and troublesome adolescents experiencing family breakdown. Is it the key to unlock the way to consistent, improved practice and outcomes that so far has been elusive (Kilpatrick *et al.*, 2008)? There were certainly features of the social pedagogy philosophy which seemed valuable. Overall it provides coherence and meaning to residential life to which staff can subscribe; otherwise homes can be anomic and staff inconsistent. Most Pilot homes that we visited seemed to have some overarching theoretical underpinning but about a third did not. Young people's behaviour and responses can be very menacing for staff in the absence of a conceptual framework to understand and respond. Indeed, SPs often referred to child development and other theories in their work, which would be more unusual for the English workforce.

Another characteristic which had merit was that SPs were prepared to take on responsibility for broad aspects of young people's lives - as would a well-informed, concerned parent – rather than automatically refer on elsewhere. Furthermore, *reflection* is a valuable element of social pedagogical practice; although in-depth, analytical discussion of young people and their care was not restricted to homes in which SPs were employed, nor to SPs themselves.

The social pedagogic distinction between 'the professional, personal and private' also seemed to us useful. SPs were sometimes prepared to share more about themselves personally (*not* private details), which felt more caring, genuine and potentially empowering. Young people could see that staff themselves had experienced - and often overcome - problems, as well as having their own limitations and faults. This feels a stronger basis to establish relationships in daily living than adopting one-sided, professional detachment. In addition, skilled SPs that we encountered prioritised project work and shared activities ('common third'). This had a therapeutic purpose and often involved embarking together on a joint, new activity. It opened-up the opportunity for shared space and discussion. However, the concept of the shared living space in England is difficult in a situation in most adults each evening leave and return to their own homes and families, unlike foster care.

Other features of social pedagogy translated less well to the English situation. Working with and exploring the benefits of 'the group' can be problematic in homes that are highly transitory, heterogeneous, in which young people are not growing-up and being socialised, and where peer conflict and rivalry are not uncommon (Barter *et al.*, 2004). English residential care has often been concerned with *minimising* the contaminating effects of group living rather than celebrating its positive features (Sinclair and Gibbs, 1998). The main advantage of the group has often concerned economies of scale rather than its social and psychological benefits, although this has now changed with the very small size of most homes. Foster care is generally preferred over residence due to the absence of the large peer group and the opportunity for a non-institutional upbringing coupled with intimate relationships with adults. SPs' claims for (more) 'equal' relationships with young people could reflect genuine child-centredness and commitment; but is difficult in a social context of strong power differentials, controlling functions and clear public expectation.

Whatever the intrinsic merits of social pedagogy and its potential to influence the lives of the residential population, there were four other variables that would influence the Pilot's success. First, there were the SPs themselves. Those who are willing to move abroad for a two-year contract are likely to be young, mobile and still at the stage of developing their families and careers. Many were inexperienced, especially in residential care itself. As to be expected, some were more effective than others. Secondly, there was the process of implementing the Pilot itself and we saw above how certain aspects, including support and clarifying expectations, could have been strengthened. Thirdly, the ability of SPs to bring about change would also be affected by qualities of the homes, existing staff and agencies themselves, some of which were more amenable to change than others.

The fourth major influence on the success of the Pilot, and the possible adoption of social pedagogy in England, is the wider national context. We saw in Chapter 1 that the overall context of children's services in England is very different to that of Germany, Denmark and other continental European countries. Depending exactly how comparisons are made, most children in care in Germany and Denmark live in residential settings. Here it is barely ten per cent. Consequently, SPs elsewhere are likely to work with a higher proportion of younger children, who grow-up in residential settings. There is longer to promote relationships and to develop social education (social pedagogy). As our findings confirm, in England, residential homes often provide a short-term, transitory service catering for a small, older, heterogeneous, problematic core. Residential care in England has a particular social history, remains stigmatised and has been scarred by recent physical and sexual abuse

scandals. Furthermore, social work in England (and the USA) traditionally have an 'individualist' approach compared with more collectivist or 'reflexive-therapeutic' styles in other countries (Payne, 2005). We saw in Chapter 1 that the social history and context in Scotland are rather different (Smith and Whyte, 2008), with consequences for the possible prospects of social pedagogy.

European authors have written about the importance of the relationship between social pedagogy, welfare regimes and wider society (Stephens, 2009; Lorenz, 2008). Though there may be some harmonisation (Gilbert *et al.*, in press), as we wrote in Chapter 1 *'European countries have different welfare regimes with contrasting approaches towards equality, income distribution, universal services, the status of children's professionals, and the respective roles of the State and the market'* (see pp. 5-6). Professor Eileen Munro's review (2011) may lead to the introduction of reforms, but children's services in England are strongly influenced by bureaucracy and risk aversion. We saw in Chapter 11 that homes are affected by these to a greater or lesser degree but they are pervading influences nonetheless. More generally, social and media attitudes towards anti-social youth in England are largely unsympathetic unlike many other countries (Barter and Berridge, 2010). Juvenile justice and child welfare services are mainly separate. These multiple factors influence the lives of looked after children, their career trajectories and 'outcomes'; and the potential influence of social pedagogy in isolation has limits. There is a tendency to believe that children's services in other countries are more successful than ours. However, the large policy transfer literature cautions against introducing social policies from elsewhere into a very different social and historical context (Dolowitz and Marsh, 2000).

At international conferences, delegates from overseas are often impressed that England has managed to extend fostering to such a degree that so little residential care is required. Significantly extending residential care would be a retrograde step. However, the consequence of this should be that it is a highly skilled service for the very challenging minority who require it (Cliffe with Berridge, 1991). The Pilot has interrogated this issue. The wider policy environment also has an influence. The Children Act 1989 has stood the test of time better than much other legislation. However, responding partially as it did to a child abuse scandal and strengthening birth parents' rights (Hughes and Rose, 2010; Rowlands, 2010), it can seem to be written more with younger children in mind than adolescents. The 1989 legislation was concerned with strengthening family and community ties and the small residential sector, therefore, has tended to be local rather than specialist, it cannot be both. *Every Child Matters* (DfES, 2004) highlights strong interprofessional

involvement, which could give a different signal from the SP being more of a genericist than a specialist.

Senior managers and heads of homes' views were divided about the probable costs of implementing social pedagogy on a long-term basis. Some considered that this would increase costs, as they would have to pay higher salaries to SPs by virtue of their qualifications and the generally higher professional status. Overall training costs for the sector could be considerable which, in the context of constraints in local authority and higher education funding, would require significant government investment. However, some interviewees thought that implementing social pedagogy was likely to be cost-neutral. There is the intriguing observation from some SPs that homes could function better with fewer but more highly trained staff. This would be another interesting social experiment to evaluate.

Our evaluation revealed that most agencies, homes and individuals who participated in the Pilot felt that it was worthwhile and had some impact. On the whole, senior managers, heads of homes and residential staff were positive about the introduction of social pedagogy into English residential care. On measurable outcomes over a short follow-up period, there was no evidence that homes which employed SPs did any better than those which did not. Given the high rate of turnover of residents, a longer follow-up period may not have helped, as the sample would undoubtedly have been further reduced. The overall state of practice in homes may be better than many would have assumed but SPs are only one influence on young people's lives among many. In some homes there was evidence of some benefits of the Group 3 over the Group 2 role of introducing social pedagogy but this is likely to be as much to do with seniority, experience and other factors as the combination with the wider outreach role. It may be that social pedagogy takes longer to have a more substantial effect on such complex institutions as children's residential homes and that greater impact on outcomes for later residents will follow. Equally, it is possible that if social pedagogic practice permeated the practice of children's homes more thoroughly than was the case in this Pilot, we may have observed a different impact. However, we cannot tell from our current work whether outcomes would have been affected in these different circumstances.

It is important to note that we have evaluated three ways of implementing social pedagogy in England and there may, of course, be others. We have seen that it was difficult for the Group 2 SPs to effect major changes in the practice of large, long-established staff groups, when they had no managerial status or authority and often had only limited experience of residential child care. Group 3 SPs tended to be more experienced and were afforded

greater legitimacy in view of their different role. In this context, it would seem difficult for individual (or even groups of two or three) SPs to bring about significant shifts in the practice of a workforce which has limited or no background either in social pedagogy or, in most cases, in the academic disciplines which underpin it (for example psychology, sociology and education). These difficulties were inevitably reinforced by the wider professional context in which residential staff operate, which is characterised by bureaucracy, regulation and risk aversion in a residual service, as discussed above. It is perhaps unsurprising, therefore, that in the absence of wider changes in the homes and in the context in which these operated, we did not detect differences in measureable outcomes for the young people.

Enduring problems of children's residential care in England are its social inheritance and under-professionalisation. They are inter-linked. There have been arguments for over half a century for a higher status, professionalised, residential workforce. Social pedagogy addresses some of the problems but it is unclear how much it would achieve in isolation, or if its introduction would be compatible given the other features of the English system that we have outlined. A higher status, graduate, residential workforce hypothetically could be developed in England *unassociated* with social pedagogy. The social work profession has given little attention to the residential sector in the past 20 years and the fragile status of the social worker is maintained by containing others: professions function very much by their powers to exclude. Nevertheless, moving residential care away from its social work identification to social education would have major implications. There are questions of how social pedagogy relates to social work, or whether one is part of the other. Both draw on a similar range of values, concepts and theories. In any case, residential care would benefit from being reinvigorated. Improvements are certainly required and, as we have seen, standards of care are uneven.

More prosaically, 'social pedagogy' as a term and concept is unfamiliar to English audiences. There are also different views as to the nature of social pedagogy. Some view it as a philosophy that is lived and experienced. Others emphasise social pedagogy more in terms of a specific discipline, linked to the parent discipline of pedagogy, which has its own theoretical approach to social education, intervention and social processes, a variety of methods deriving from this approach, and its own body of research. This view would be supported by the fact that in other European countries individuals must complete substantial study and training in order to qualify as a social pedagogue. Social pedagogy is taken for granted in much of Europe but the development of a distinctive English variety would need to take account of the historical context, societal norms and current role of residential care in

England. We hope that this report has indicated the potential impact of social pedagogy in residential homes and that it informs future developments in children's services.

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